

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0681465	<b>(X3) Date Survey Completed</b>  07/24/2019
<b>Name of Provider or Supplier</b>  Kimball Health Services	<b>Street Address, City, State</b>  255 W 4th St, Kimball, NE	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5431</b>	<p><b>MAINTENANCE AND FUNCTION CHECKS</b> CFR(s): 493.1254(a)(2)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document function checks as defined by the manufacturer and with at least the frequency specified by the manufacturer. Function checks must be within the manufacturer's established limits before patient testing is conducted.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of instrument maintenance and an interview with general supervisor and facilities hospital staff member, the laboratory failed to calibrate the electronic thermometer used for blood bank fridge. Findings are: 1. Review of the electronic thermometer instruction label revealed calibration due date on January 10, 2018. 2. Interview with general supervisor and facilities hospital staff member at 11:30 AM on 7/24/2019 confirmed the laboratory had not performed calibration on the electronic thermometer.</p>