

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0872236	<b>(X3) Date Survey Completed</b>  05/01/2024
<b>Name of Provider or Supplier</b>  Henderson Health Care Services Inc	<b>Street Address, City, State</b>  1621 Front Street, Henderson, 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>D5429</b>	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of blood bank preventative maintenance logs and an interview with the laboratory supervisor, the laboratory failed to conduct and document the weekly dispenser cleaning according to the manufacturer's instructions during 1/1/2023 - 5/1/2024. Findings are: 1. Review of 2023 and 2024 blood bank preventative maintenance logs showed the laboratory did not perform or document the weekly dispenser cleaning for blood bank from 1/1/2023 - 5/1/2024. 2. Interview with the laboratory supervisor on 5/1/2024 at 11:39 AM confirmed the laboratory did not perform the weekly dispenser cleaning for blood bank from 1/1/2023 - 5/1/2024.</p>