Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 34D0931584	(X3) Date Survey Completed 11/12/2019
Name of Provider or Supplier White Oak Urgent Care Asheboro	**Street Address, City, State** 197-B Nc Highway 42 North, Asheboro, NC	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on review of manufacturer's instructions and review of the laboratory's 2017, 2018, and 2019 temperature and humidity logs 11/12/19, the laboratory failed to establish an acceptable range for room humidity that was consistent with manufacturer's instructions for operation of the Medonic M-series hematology analyzer. Review of the Medonic M-series User's Manual revealed the manufacturer specifies that the analyzer be operated in an environment with a humidity less than or equal to 80%, noncondensing. Review of the laboratory's 2017, 2018, and 2019 temperature and humidity logs revealed an acceptable range for humidity of 15-85%.