

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D1063193	(X3) Date Survey Completed 09/25/2018
Name of Provider or Supplier Intermountain Hurricane Draw Station	Street Address, City, State 75 North 2260 West, Hurricane, UT	
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
D3031	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on laboratory record review, lack of documentation and interview with staff, the laboratory failed to retain calibration verification and maintenance records for at least two years for 2 of 2 analyzers in use prior to 07/28/2017. Finding include: 1. Laboratory calibration verification and maintenance records failed to include records for the Sysmex XS 1000 complete blood count analyzer and the Architect C 4000 chemistry analyzer. 2. Staff stated on 09/25/2018 at approximately 3:00 p.m. the laboratory had undergone a change in management and test menu in 07/2017 and testing on the Sysmex and Architect were discontinued. Current staff were unable to find onsite records for the discontinued analyzers.</p>