

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0963259	(X3) Date Survey Completed 05/08/2019
Name of Provider or Supplier Amg Manitowoc 4100 Dewey	Street Address, City, State 4100 Dewey St, Manitowoc, WI	
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
D5409	<p>PROCEDURE MANUAL CFR(s): 493.1251(e)</p> <p>The laboratory must maintain a copy of each procedure with the dates of initial use and discontinuance as described in 493.1105(a)(2).</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of procedures and interview with the general supervisor, the laboratory has not maintained a copy of the i-STAT troponin procedure with the date of discontinuance. Findings include: 1. Review of the i-STAT troponin procedure showed no indication the lab discontinued performing this procedure. 2. Interview with the general supervisor on May 8, 2019 at 9:15 AM confirmed the laboratory discontinued the i-STAT troponin procedure on August 8, 2018. The interview also confirmed the laboratory had not retained a copy of the procedure with the date of discontinuance.</p>