

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0674449	(X3) Date Survey Completed 10/21/2021
Name of Provider or Supplier Charles Henderson Child Health Center	Street Address, City, State 1300 Hwy 231 South, Troy, AL	
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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on reviews of patient test reports and an interview with the Laboratory Director, the laboratory failed to ensure patient reports included the name and address of the facility performing the testing. This was noted on three of three patient test reports reviewed. The findings include: 1. On 10/21/2021 at 3:05 PM, the surveyor reviewed the post-analytical process in the facility. Upon the surveyor's request, the Laboratory Director provided three final reports from the Office Practicum EHR (Electronic Health Record), as follows: A) Patient A with a CBC (Complete Blood Count) results dated 06/08/2020 B) Patient B with a CBC results dated 10/20/2021 C) Patient C with Urine Colony Count results dated 6/18/2021 2. During an interview on 10/21/2021 at 3:10 PM, the surveyor reviewed the reports with the Laboratory Director who confirmed the above patient tests were performed on-site, however the name and address of the laboratory was not on the reports. The surveyor then asked if this was the report format that is given to patients and outside physicians; the Director confirmed it was. The Director then explained the facility has previously fixed this problem, ensuring the facility name and address were included on the reports. However, when the EHR was undated, the problem recurred, and had not been fixed. SURVEYOR ID #32558 Licensure and Certification Surveyor</p>