Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D0694296	03/17/2020
Name of Provider or Supplier	**Street Address, City, State**	
Evernorth Care Group	5891 W Eugie Ave, Glendale, AZ	

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
D5801	TEST REPORT CFR(s): 493.1291(a) The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations. This STANDARD is not met as evidenced by: Based on review of patient test results in the laboratory's Electronic Medical Record (EMR), review of patient test records and interview with the facility personnel, the laboratory failed to ensure that test results are accurately and reliably sent from the point of data entry to the final report destination. Findings include: 1. The laboratory perrforms testing in the specialties of Chemistry and Hematology, with an approximate annual test volume of 7,302. 2. The laboratory utilizes an EMR as the final report destination for laboratory testing. The laboratory implemented a new EMR, Epic, in September 2019, and prior to that the EMR used by the lab was All Scripts. 3. Review of D-Dimer test results for patient (MR# 69215205) performed on 10/10/2018 revealed the D-Dimer test results were missing from Epic, but were present in All Scripts. All other test results performed on that day for this patient were present in both EMR systems. 4. The facility personnel confirmed the D-Dimer test results indicated above were not reliably sent to the EMR.
D5805	TEST REPORT CFR(s): 493.1291(c)

	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. This STANDARD is not met as evidenced by: Based on review of patient test reports and interview with the facility personnel, the laboratory failed to include on the test report the correct units of measurement and the reference range for the analyte, BNP, tested on the Pathfast analyzer. Findings include: 1. The laboratory utilizes an EMR as the final report destination for laboratory testing. The laboratory implemented a new EMR, Epic, in September 2019, and prior to that the EMR used by the lab was All Scripts. 2. The patient test report for BNP testing reviewed in Epic during the survey (MR# 73578901) for testing that was performed on 12/04/19 failed to include the units of measurement and the test reference range. 3. The facility personnel confirmed that the test report indicated above was missing the correct units of measurement and reference range.
D6054	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year. This STANDARD is not met as evidenced by: Based on lack of competency evaluation documentation for review and interview with the facility personnel, the technical consultant failed to evaluate and document the performance of individuals responsible for moderate complexity testing at least annually. Findings include: 1. During the survey conducted on March 17, 2020, no 2018 annual competency evaluation documentation was presented for review for four out of four testing personnel. 2. The facility personnel confirmed that the laboratory failed to provide documentation of an annual competency evaluation from 2018 for the testing personnel indicated above.