

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  13D0673165	<b>(X3) Date Survey Completed</b>  09/22/2021
<b>Name of Provider or Supplier</b>  Blackfoot Medical Center	<b>Street Address, City, State</b>  1441 Parkway Dr, Blackfoot, ID	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5809</b>	<p>TEST REPORT CFR(s): 493.1291(e)</p> <p>The laboratory must, upon request, make available to clients a list of test methods employed by the laboratory and, as applicable, the performance specifications established or verified as specified in 493.1253. In addition, information that may affect the interpretation of test results, for example test interferences, must be provided upon request. Pertinent updates on testing information must be provided to clients whenever changes occur that affect the test results or interpretation of test results.</p> <p>This STANDARD is not met as evidenced by: Based on a review of patient test reports and an interview with the laboratory technical consultant (TC) on 9/22/2021, laboratory failed to specify the correct test method for Prostate Specific Antigen (PSA) testing on patient test reports. The findings include: 1. A review of patient reports for PSA testing identified that the laboratory failed to list the correct analyzer and method used for performing the test. 2. An interview with the TC on 9/22/2021 at 3:24 pm confirmed that the laboratory failed to list the correct analyzer and method on PSA test reports.</p>