

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0949934	(X3) Date Survey Completed 07/25/2018
Name of Provider or Supplier Coeur D'Alene Pediatrics Of Post Falls	Street Address, City, State 1300 E Mullan Ave Ste 1000, Post Falls, ID	
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 a record review of final patient reports and an interview with the laboratory lead, the patient reports failed to indicate the name and the address of the laboratory where throat and urine culture tests were performed on weekends since the last survey on June 6, 2016. Findings: 1. A review of patient test reports for throat and urine cultures revealed the name and address of the laboratory where the cultures were performed on weekends failed to be indicated on the final reports. 2. An interview on July 25, 2018 at 4:15 PM, with the laboratory lead, confirmed the name and address of the testing laboratory who performed the cultures on the weekends failed to be indicated on patient laboratory reports.</p>