

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D0431111	<b>(X3) Date Survey Completed</b>  09/29/2020
<b>Name of Provider or Supplier</b>  St Margaret's Health - Spring Valley	<b>Street Address, City, State</b>  600 E First St, Spring Valley, IL	
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>D5805</b>	<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 record review and an interview with the testing personnel (TP1) and laboratory director (LD); the laboratory failed to ensure test reports indicate *the name and address of the laboratory where the tests were performed. Findings include: 1. The Histopathology specimen logs, slides, and final reports from 2018, 2019 and 2020 were reviewed. 2. Slide review of 14 patients showed 4 patients' tissues (patients F1, F2, F3, and F4) were processed and stained at another laboratory (Methodist Medical Center). 3. Further review revealed the laboratory failed to include the name and location of the laboratory which performed the processing and staining of the slides on the final reports for 4 out of 4 patients. 4. TP1 and LD confirmed the findings on 09/29/2020 at 2:15 PM.</p>