

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D1081721	(X3) Date Survey Completed 07/11/2019
Name of Provider or Supplier Planned Parenthood Of Illinois - Bloomington	Street Address, City, State 1319 N Veterans Pkwy, Bloomington, IL	
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	<p>TEST REPORT CFR(s): 493.1291(a)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory records and interview with a laboratory representative; the laboratory failed to have a reliable system to ensure that test results are accurately transferred to the final report destination. Findings include: 1. Review of patient test results for vaginal wet preps found 2 of 6 patients identified on the "PPIL Wet Prep and KOH test log" failed to have test results for vaginal wet preps in their patient chart. a. Patient ID: P8 tested on 02-28-2018 b. Patient ID: P10 tested on 05-08-2019 2. On survey date 7-11-2019, at 1:50 pm the above findings were confirmed by the laboratory representative.</p>