Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D0358743	(X3) Date Survey Completed 05/05/2021
Name of Provider or Supplier Logansport Memorial Hospital-D/B/A Logansport	**Street Address, City, State** 1201 Michigan Ave Ste 330 / Attn Andrea Laymon, Logansport, IN	
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
D1002	REPORTING OF SARS-CoV-2 TEST RESULTS During the Public Health Emergency, as defined in 400.200 of this chapter, each laboratory that performs a test that is intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (hereinafter referred to as a "SARS-CoV-2 test") must report SARS-CoV-2 test results to the Secretary in such form and manner, and at such timing and frequency, as the Secretary may prescribe. This CONDITION is not met as evidenced by: Based on document review and interview, the laboratory failed to report SARS-Co-V-2 negative test results for 17 of 17 days reviewed from 12-15-20 to 2-24-21 date. Findings included: 1. SARS-Co-V-2 test log was reviewed from 12-15-20 to 2-24-21. 2. SARS-Co-V-2 test result reporting documentation was reviewed from 12-15-20 to 2-24-21. 3. Documentation revealed that SARS-Co-V-2 negative test results were not reported as required for six days in December, 2020, 10 days in January 2021, and one day in February 2021. 4. 26 negative test results were not reported as required during the period of review. 5. The laboratory performed 27 SARS-Co-V-2 tests during the period of review. 6. In interview on 4-28-2021 at 3:00 PM, SP1, Infection Prevention, confirmed the laboratory did not report negative SARS-Co-V-2 test results between 12-15-20 and 2-24-21, as required.