

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D0901952	(X3) Date Survey Completed 01/04/2018
Name of Provider or Supplier Baptist Health Cancer Center	Street Address, City, State 1430 N Gardner Street, Scottsburg, 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
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 record review and interview, the laboratory failed to list the name and address of the testing lab for four (1-4) of four patient reports in the specialty of hematology. Finding(s) include: 1. Four hematology complete blood count (CBC) patient test reports (#'s 1 on 12/04/17, #2 on 12/07/17, #3 on 12/14/17 and #4 on 12/18/17) did not list the name and address of the testing lab. 2. On 1/04/18 at 10:40 a.m., staff member #6, confirmed each of the four above-listed patients' reports did not have documentation of the name and address for the testing lab.</p>