

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  16D0038759	<b>(X3) Date Survey Completed</b>  04/06/2021
<b>Name of Provider or Supplier</b>  Gundersen Palmer Lutheran Hospital	<b>Street Address, City, State</b>  112 Jefferson Street, West Union, IA	
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 review of patient test reports and confirmed by laboratory personnel identifier #5 (refer to the Laboratory Personnel Report) at approximately 1:30 pm on 04/06/2021, the laboratory failed to include the test report date for 12 out of 12 patient test reports (patient identifiers A-L) reviewed from September 2020. The findings include: 1. The test reports for patient identifiers A-L all included specimen collection and receipt dates for testing performed. 2. Personnel identifier #5 stated that the laboratory collected, received, and performed most testing on the same date, but not always. 3. At the time of the survey, personnel identifier #5 confirmed that the test reports for patients A-L did not include the dates testing was performed.</p>