Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 16D0038924	**(X3) Date Survey Completed** 06/11/2024
Name of Provider or Supplier Henry County Health Center Inc	**Street Address, City, State** 407 South White Street, Mount Pleasant, IA	
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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Based on review of patient test reports and the Blood Culture procedure and interview by laboratory personnel identifier #1 (refer to Laboratory Personnel Report) at 2:22 pm on 06/11/2024, the laboratory failed to indicate the correct name and address of the testing facility for one out of 16 patient test reports reviewed from 1/1/2024 - 6/11 /2024. The findings include: 1. Patient identifier A had a blood culture and gram stain performed on 3/17/2024. 2. Laboratory personnel identifier #1 stated that when the laboratory received a positive blood culture, they would issue a preliminary positive blood culture result and then perform and report a gram stain on the specimen. The laboratory would then send the culture to a reference laboratory to perform the microbial identification and sensitivity testing. 3. The Blood Culture procedure confirmed this process. 4. The test report for patient identifier A indicated the reference laboratory reported the preliminary positive blood culture and gram stain results. 5. Laboratory personnel identifier #1 confirmed the test report did not have the correct facility name and address.