

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  16D0382881	<b>(X3) Date Survey Completed</b>  03/22/2018
<b>Name of Provider or Supplier</b>  Infinity Health	<b>Street Address, City, State</b>  802 East Ackerly Street, Lamoni, 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 #1 (refer to Laboratory Personnel Report) at approximately 10:00 am on 03/22/2018, the laboratory failed to indicate the address of the testing facility for two out of two patient test reports (patient identifiers A and B) from October and November 2018. The findings include: 1. Patient identifier A had a complete blood cell count performed on 10/05/2017. 2. Patient identifier B had a complete blood cell count performed on 11/01/2017. 3. The patient test reports indicated the name of the facility performing the test. However, the patient test reports did not include the address of the testing facility.</p>