

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0383111	(X3) Date Survey Completed 04/19/2018
Name of Provider or Supplier Prairie City Medical Clinic	Street Address, City, State 404 E 2nd St, Prairie City, 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	<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 the Laboratory Personnel Report) at approximately 10:30 am on 04/19/2018, the laboratory failed to indicate the address of the testing facility for three out of three patient test reports (patient identifiers A, B, and C). The findings include: 1. Patient identifier A had a complete blood count (CBC) performed on 10/26/2017. 2. Patient identifier B had a CBC performed on 10/03/2017. 3. Patient identifier C had a CBC performed on 10/12/2017. 4. At the time of the survey, personnel identifier #1 confirmed that the test reports for patient identifiers A, B, and C did not include the address of the testing facility.</p>