

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0647917	(X3) Date Survey Completed 06/06/2024
Name of Provider or Supplier Dallas County Hospital	Street Address, City, State 610 10th Street, Perry, 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
D5801	<p>TEST REPORT CFR(s): 493.1291(a)</p> <p>The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient test reports, instrument result printouts, and confirmed by laboratory personnel identifier #5 (refer to the Laboratory Personnel Report) at 11:47 am on 06/06/2024, the laboratory failed to have a system in place to ensure manually transcribed test results are accurately and reliably sent from the point of data entry to final report destination for one out of one arterial blood gas test report reviewed. The findings include: 1. Patient A had arterial blood gases performed on 02/09/2024 with a base excess result of -4.6 mmol/L. 2. Testing personnel entered a base excess result of 5 mmol/L into the electronic health record (EHR). 3. Laboratory personnel identifier #5 confirmed the patient test report was not accurate and the base excess result should have been -4.6 mmol/L.</p>