

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D2093777	(X3) Date Survey Completed 07/31/2019
Name of Provider or Supplier Unitypoint Health Marshalltown	Street Address, City, State 55 Unitypoint Way, Marshalltown, 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 7/29/2019, the laboratory failed to include the name and address of the testing facility for two out of two patient test reports that had fine needle aspirates performed in February 2019 and March 2019. The findings include: 1) Patient identifier A had a fine needle aspirate performed on 2/27/2019. The patient test report did not include the name and address of the testing facility determining the adequacy of the specimen. 2) Patient identifier B had a fine needle aspirate performed on 3/26/2019. The patient test report did not include the name and address of the testing facility determining the adequacy of the specimen. 3) An email dated 7/31/2019 confirmed that the laboratory did not include the name and address of the testing facility determining the adequacy of the specimen by laboratory personnel identifier #1.</p>