

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0648340	(X3) Date Survey Completed 04/01/2021
Name of Provider or Supplier Parsons State Hospital & Training Center	Street Address, City, State 2601 Gabriel Ave, Parsons, KS	
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 interview, the laboratory failed to include the address of the laboratory location where the test was performed on the patient report. Findings: 1. Review of selected patient test reports for reference laboratory testing showed the name and city only. It lacked the referred laboratory street address where the test was performed. 2. Interview with the Technical Consultant on April 1, 2021 at 12:30 p.m. confirmed the laboratory failed to include the address of the laboratory location where the test was performed on the patient report.</p>