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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 17D1069016 | (X3) Date Survey Completed 07/31/2019 |
| Name of Provider or Supplier Laboratory Corporation Of America Holdings | Street Address, City, State 10100 West 119th Street, Suite 150, Overland Park, 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 |
|---------------------------|---|
| D5449 | <p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on review of Ictotest quality control (QC) and interview with test personnel #1, the laboratory failed to perform a positive QC each day of patient testing in June and July of 2019. Findings: 1. Review of Ictotest QC and patient log showed patient's results were documented on June 25, July 1,2,3,16,18,19,22,29 and no positive QC was documented. 2. Interview with Testing personnel #1 at 1:30 PM confirmed the laboratory failed to perform positive Ictotest QC each day of patient testing in June and July 2019.</p> |