Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 18D0323967	**(X3) Date Survey Completed** 02/20/2019
Name of Provider or Supplier Pineville Community Health Center	**Street Address, City, State** 850 Riverview Avenue, Pineville, KY	
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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Based on record review and staff interview on 02/18/2019, 02/19/2019, and 02/20/2019, the laboratory failed to ensure four of six laboratory test reports contain the required information as to the name of the laboratory location where the test was performed. The facility legally changed its name effective 05/07/2018. Findings include: An ABO & Rh with Antibody Screen and Crossmatch results were reported on Patient #2 on 08/11/2018. The report failed to include the new name of the hospital. An ABO & Rh with Antibody Screen and Crossmatch results were reported on Patient #3 on 11/04/2018. The report failed to include the new name of the hospital. Urine Culture results were reported on Patient #4 on 09/17/2018. The report failed to include the new name of the hospital. Urine Culture results were reported on Patient #6 on 11/21/2018. The report failed to include the new name of the hospital. The Technical Supervisor acknowledged in an interview at 9:50 AM on 02/20/2019, the laboratory failed to have a system in place to ensure the required changes were included on patient test reports.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)

	The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by: Based on record review and staff interview on 02/18/2019, 02/19/2019, and 02/20/2019, the laboratory failed to have a postanalytic systems quality assessment mechanism to ensure required information as to the name of the current laboratory director appear on all test reports. The current laboratory director became effective 07/01/2018. Findings include: An ABO & Rh with Antibody Screen and Crossmatch results were reported on Patient #2 on 08/11/2018. The report failed to include the name of the new director. An ABO & Rh with Antibody Screen and Crossmatch results were reported on Patient #3 on 11/04/2018. The report failed to include the name of the new director. Urine Culture results were reported on Patient #4 on 09/07/2018. The report failed to include the name of the new director. Urine Culture results were reported on Patient #6 on 11/21/2018. The report failed to include the name of the new director. The Technical Supervisor acknowledged in an interview at 9:50 AM on 02/20/2019, the laboratory failed to establish a written policy to ensure an ongoing review process was in place to assess issues and changes related to test reports in the postanalytic phase of laboratory testing.