

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0215506	(X3) Date Survey Completed 10/13/2023
Name of Provider or Supplier Pediatric Group/Crofton Pediatrics	Street Address, City, State 2225 E Defense Highway, Crofton, MD	
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 the bacteriology testing records and patient charts and interview, the laboratory did not ensure that two of five bacteriology test results reviewed were reported in the patient chart. Findings: 1. Two urine colony count test results were performed and reported in the August 9 and 2, 2023 test records, but were not reported in the patient chart. 2. This was confirmed during interview with staff on the afternoon of the day of survey.</p>