

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0038059	(X3) Date Survey Completed 03/24/2021
Name of Provider or Supplier Mackinac Straits Health System	Street Address, City, State 1140 N State Street, Saint Ignace, MI	
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 record review and interview with Technical Consultant (TC) #2, the laboratory failed to ensure test results were accurately transferred from the patient log to the laboratory information system (LIS) for 1 (#26) of 34 patient test reports reviewed. Findings include: 1. A review of the "Mackinac Straits Health System Serology Log" revealed on 12/30/2019 the results for patient #26 recorded on the log for helicobacter pylori (HPYL) was "positive". 2. A review of the final test report in the LIS system for patient #26 reported out on 12/30/2019 at 8:40 am was resulted out as "negative". 3. An interview on 3/24/2021 at 9:00 am, TC2 confirmed patient #26 final test report had a incorrect result reported.</p>