

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D1084790	<b>(X3) Date Survey Completed</b>  01/14/2019
<b>Name of Provider or Supplier</b>  Mclaren Northern Michigan Med Center-Boyne City	<b>Street Address, City, State</b>  1249 M 75 South, Boyne City, MI	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5801</b>	<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, the laboratory failed to have the final microscopic urinalysis report maintained as part of the patient's chart or medical record for one (#12) of 13 patient charts audited. Findings include: 1. On January 14, 2019 at 12:22 PM, record review revealed the patient's electronic medical record (EMR) file contained a report with no results recorded on the report form for the microscopic urinalysis testing. 2. During the interview on January 14, 2019 at 12:22 PM, testing personnel #2 as listed on the CMS-209 confirmed the final microscopic urinalysis report did not show any documentation of the patient's results.</p>
<b>D6054</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.</p>

This STANDARD is not met as evidenced by:

. Based on record review and interview, the technical consultant failed to evaluate one (#1) of five testing personnel performing moderately complex testing at least annually after the first year. Findings include: 1. On January 14, 2019 at 10:30 AM, record review of the competency evaluations revealed the technical consultant did not have any documentation to show the competency for the hematology complete blood cell count and the chemistry urinalysis was completed in 2017 and 2018 for testing personnel #1. 2. During the interview on January 14, 2019 at 10:30 AM, testing personnel #2 as listed on the CMS-209 confirmed the competency assessment had not been completed.