

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2085697	(X3) Date Survey Completed 11/26/2019
Name of Provider or Supplier Corewell Health Beaumont Troy Hospital	Street Address, City, State 44344 Dequindre Road Suite 330, Sterling Heights, 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
D5803	<p>TEST REPORT CFR(s): 493.1291(b)</p> <p>Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview with Technical Consultant #1 (TC1), the laboratory failed to ensure 1) for 1 (#9) of 11 patient charts audited the manually resulted complete blood cell (CBC) and 2) for 3 (#4, #9, and #11) of 11 patient charts audited the scanned hematology instrument printout was available in the patient's electronic medical record (EMR). Finding include: 1. Record review revealed the following results were not available in the EMR system and available to the surveyor on the day of the survey: a. 1 (#9) of 11 patient charts audited - the manually entered CBC results were not in the EMR system. b. 3 (#4, #9, and #11) of 11 patient charts audited - the scanned CBC instrument printout were not in the EMR system. 2. During the interview on 11/26/19 at 11:10 am, TC1 acknowledged the final manually entered and scanned CBC results were not in the EMR system.</p>