

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  24D0696544	<b>(X3) Date Survey Completed</b>  04/10/2018
<b>Name of Provider or Supplier</b>  Centracare Health - Eagle Valley Clinic	<b>Street Address, City, State</b>  815 Hwy 71 South, Eagle Bend, MN	
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>D5805</b>	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: . Based on observation, document review and interview with laboratory personnel, the laboratory failed to ensure the address of the laboratory location was indicated on the test report (c)(2). Findings are as follows: 1. The laboratory performed Hematology testing as confirmed by the Technical Consultant (TC) during a tour of the laboratory on 04/10/15 at 11:00 a.m. A Sysmex XP-300 hematology analyzer was observed as present and available for use during the tour. 2. The hematology patient test report reviewed on date of survey, 04/10/18, did not indicate the city, state or zip code of the laboratory location. 3. In an interview on 04/10/18 at 2:50 p.m., the TC confirmed the address of the laboratory location was not included on the test report.</p>