

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0900330	(X3) Date Survey Completed 01/04/2019
Name of Provider or Supplier Ogi - Mg	Street Address, City, State 9550 Upland Lane N #230, Maple Grove, MN	
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
D5805	<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 document review and interview with laboratory personnel, the laboratory failed to ensure the final test result date was indicated on the test report (c)(3). Findings are as follows: 1. The laboratory performed Microbiology testing as confirmed by the Testing Personnel 9 (TP9) during a tour of the laboratory on 01/04 /19 at 10:10 a.m. 2. A BD Affirm Microprobe processor was observed as present and available for use during the tour. The BD Affirm VP III Microbial Identification Test for Candida species, Gardnerella vaginalis and Trichomonas vaginalis was performed on the processor. 3. A Microbial Identification patient test report reviewed on date of survey did not indicate the test result date. 4. In an interview on 01/04/19 at 1:25 p.m., TP9 confirmed the test result date was not included on the test report.</p>