

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D2122701	(X3) Date Survey Completed 10/09/2018
Name of Provider or Supplier Baptist Leake Medical Clinic - Madden	Street Address, City, State 242 Thaggard Rd, Madden, MS	
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: A. Based on a review of 2 patient reports (which included reference laboratory results) in the electronic medical records resulted on 10/3/18 and 10/4/18 and confirmation by testing personnel, the reports reviewed did not include the name and address of the location where the referred tests were performed. Results from the clinic laboratory and the reference laboratory were integrated into the same EMR--initials of the different labs were used to code which results came from which lab, but the name and address of the reference laboratory was not on the final report nor was there a legend to indicate what the initials (codes) stood for. B. The reports from the EPIC EMR system lists the name of the facility being surveyed as LK Thaggard Rd Family Medicine. The CLIA certificate for this facility is in the name of Baptist Medical Clinic - Madden. The CLIA number, as assigned, should reflect the name and address of the testing location and that name and address should be reflected on the patient reports.</p>