

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 27D0992022	(X3) Date Survey Completed 11/19/2020
Name of Provider or Supplier St Peters Health	Street Address, City, State 2550 East Broadway St, Helena, MT	
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 record review and interview, the laboratory reports lacked the address of the laboratory location where the test was performed. 1. Review of three out of three laboratory reports on 11/19/2020 at 9 a.m., lacked the testing facility's (St. Peter's Health at 2550 Broadway) address on the reports. 2. Confirmed with Staff Member B, Technical Supervisor and Staff Member C, Senior Director Diagnostic Services, the laboratory reports failed to include the facility's address on 11/19/2020 at 9 a.m.</p>