

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 27D2164878	(X3) Date Survey Completed 04/07/2021
Name of Provider or Supplier Rehabilitation Hospital Of Montana, The	Street Address, City, State 3572 Hesper Road, Billings, 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
D1002	<p>REPORTING OF SARS-CoV-2 TEST RESULTS</p> <p>During the Public Health Emergency, as defined in 400.200 of this chapter, each laboratory that performs a test that is intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (hereinafter referred to as a "SARS-CoV-2 test") must report SARS-CoV-2 test results to the Secretary in such form and manner, and at such timing and frequency, as the Secretary may prescribe.</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview the laboratory failed to report SARS-Co-V-2 negative test results to either the State or County Public Health Departments for January, February, and March of 2021. Findings include: 1. Review of SARS-CoV-2 testing documentation, ID NOW COVID-19 Procedural Control results and Patient Record, showed 32 negative test results for January, February, and March of year 2021. 2. The laboratory failed to provide documentation of reporting SARS-CoV-2 negative test results to either the State or County Public Health Departments for review. 3. Interview with the laboratory director (Chief Executive Officer) on 4/7 /2021 at 3:00 PM confirmed the laboratory failed to report negatives to either the State or County Public Health Departments.</p>