

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0455449	(X3) Date Survey Completed 10/05/2020
Name of Provider or Supplier Genoa Community Hospital/Ltc	Street Address, City, State 706 Ewing Avenue, Genoa, NE	
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 review of patient test report and interview with the laboratory director, the laboratory's results reported date and time on the test report changes on copies generated at a later time. 1. Review of 1 patient test report for comprehensive metabolic panel, draw date of 10/2/2020, revealed a draw date and time, an approval date and time, and results reported date and time. The results reported date and time changed with subsequent printing of the report. 2. Interview with the laboratory director on 10/5/2020 at 4:14 PM confirmed the results reported date and time changed with subsequent printing.</p>