

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0455615	<b>(X3) Date Survey Completed</b>  01/08/2019
<b>Name of Provider or Supplier</b>  Antelope Memorial Hospital	<b>Street Address, City, State</b>  102 West 9th Street, Neligh, NE	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5801</b>	<p>TEST REPORT CFR(s): 493.1291(a)</p> <p>The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations.</p> <p>This STANDARD is not met as evidenced by: Based on lack of documentation and an interview with the general supervisor on 1-8-19 at 3:00pm the laboratory failed to document validation and monitor the transmission of data from the laboratory information system to the clinic. Findings include: 1. No documentation could be presented on time of survey indicating verification of trasmitted data to the clinic. 2. Interview with general supervisor confirmed that routine checks of transmitted data had not been performed. The general supervisor stated the interface system was put in place in October 2018. The supervisor stated the interface was validated when put in use but the validation was not documented.</p>