

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0456013	<b>(X3) Date Survey Completed</b>  08/16/2022
<b>Name of Provider or Supplier</b>  Valley County Health System - Laboratory	<b>Street Address, City, State</b>  2707 L Street, Ord, 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>D5805</b>	<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 surveyor review of two patient test reports and interview with the laboratory manager the laboratory failed to have the test report date on the test report. Findings are: 1. Surveyor review of a complete blood count patient test report and review of a chemistry patient test report revealed both reports were missing the report date. 2. Interview with the laboratory manager on 8/16/2022 at 2:15pm confirmed no test report date was included on the patient test reports.</p>