

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0679409	(X3) Date Survey Completed 01/09/2020
Name of Provider or Supplier Butler County Health Care Center	Street Address, City, State 372 South 9th Street, David City, 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 general supervisor the laboratory failed to have the test report date on the test report. Findings are: 1. Review of one patient test report for complete blood count and chemistry panel for collection date of 1/2/2020 revealed collection date and collection time but no report date on the test report. 2. Interview with the general supervisor on 1/9/2020 at 2:10 PM confirmed no test report date was indicated on the test report.</p>