

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0679415	<b>(X3) Date Survey Completed</b>  03/06/2023
<b>Name of Provider or Supplier</b>  Merrick Medical Center	<b>Street Address, City, State</b>  2802 28th Street, Central City, 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>D5309</b>	<p>TEST REQUEST CFR(s): 493.1241(e)</p> <p>If the laboratory transcribes or enters test requisition or authorization information into a record system or a laboratory information system, the laboratory must ensure the information is transcribed or entered accurately.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of transfusion reports from November 2022 - January 2023, review of laboratory's electronic inventory of blood, and interview with the laboratory manager the laboratory failed to ensure information was transcribed accurately into the laboratory's electronic system. 1. Review of transfusion reports from November 2022 - January 2023 revealed one patient transfused on 1/9/2023 received three units of blood. The transfusion report indicated unit A, unit B, and unit C was transfused on 1/9/2023. 2. Review of the laboratory's electronic inventory of blood revealed unit C was available. 3. Interview with the laboratory manager on 2/22/2023 at 2:43 PM confirmed that unit C was transfused on 1/9/2023 and the laboratory's electronic inventory system was incorrect.</p>