

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0921020	(X3) Date Survey Completed 02/19/2020
Name of Provider or Supplier Childrens Physicians - Eagle Run	Street Address, City, State 13808 West Maple Road #100, Omaha, 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
D5819	<p>TEST REPORT CFR(s): 493.1291(j)</p> <p>All test reports or records of the information on the test reports must be maintained by the laboratory in a manner that permits ready identification and timely accessibility.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor record review and interview with the technical consultant the laboratory failed to maintain complete blood count instrument print out test records in a manner that permits identification and accessibility. Findings are: 1. Review of complete blood count instrument print out test records for February 2020 revealed one instrument print out test record, from 2/10/2020, with incorrect patient identification. 2. Interview with the technical consultant on 2/19/2020 at 10:55AM confirmed the one instrument print out test record had incorrect patient identification.</p>