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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>33D0667934           | <b>(X3) Date Survey Completed</b><br><br>02/16/2024 |
| <b>Name of Provider or Supplier</b><br><br>Optum Medical Care Pc   | <b>Street Address, City, State</b><br><br>575 Underhill Blvd, Suite 310, Syosset, NY |   |
| 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>   |
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| <b>D5805</b>              | <p>TEST REPORT<br/>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:<br/>Based on review of patient test reports and confirmed by interview with the laboratory operations manager (LOM), the laboratory failed to correctly identify the laboratory name on the hematology analyzer. FINDINGS: 1. Three complete blood count (CBC) and differential patient test reports did not accurately document laboratory name on the Sysmex XN-430 hematology analyzer. 2. LOM confirmed the findings on February 16, 2024, at approximately 11:30 A.M.</p> |