

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 36D0329872	(X3) Date Survey Completed 02/21/2018
Name of Provider or Supplier Urban Pediatrics	Street Address, City, State 3433 Agler Road Suite 1300, Columbus, OH	
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
D5801	<p>TEST REPORT CFR(s): 493.1291(a)</p> <p>The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's test records, and interviews with the Technical Consultant (TC) and Lab Director (LD), the laboratory failed to have an adequate manual system in place to ensure the hematology results were accurately and reliably sent to the final test report. Findings Include: 1. Review of 2 of 2 of the laboratory's test records indicated white blood count results reported. 2. The surveyor requested printouts of the reported results or a patient log containing white blood count results. 3. The TC and LD confirmed the patient results were manually entered into the patient charts directly from the instrument. There was no available log to verify results/data was accurately entered into the laboratory's information system. The interviews occurred on 02/21/2018 at 10:20 AM.</p>