

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  37D1035189	<b>(X3) Date Survey Completed</b>  04/14/2021
<b>Name of Provider or Supplier</b>  Cornerstone Specialty Hospitals Shawnee	<b>Street Address, City, State</b>  1900 Gordon Cooper Dr 2nd Fl Nursing, Shawnee, OK	
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>D0000</b>	The recertification survey was performed on 04/14/2021 The findings were reviewed with the technical consultant and testing person #1 at the conclusion of the survey. The laboratory was found in compliance with standard-level deficiencies cited.
<b>D5805</b>	<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 a review of records and interview with the technical consultant, the laboratory failed to ensure that test reports included the name and address of the laboratory location for 3 of 3 reports. Findings include: (1) On 04/14/2021 at 11:10 am, the technical consultant stated the laboratory performed the following: (a) Arterial Blood Gas and Venous Blood Gas testing using G3+ cartridge on the iSTAT analyzer. (2) The surveyor then reviewed 3 patient reports. The name and address of the laboratory location where the testing had been performed was not on 3 of 3 reports: (a) Report #1 - Arterial Blood Gas testing on 01/13/2020; (b) Report #2 - Arterial Blood Gas testing 01/15/2021; (c) Report #3 - Arterial Blood Gas testing 02/04/2021. (3) The surveyor reviewed the reports with the technical consultant who stated on 04/14/2021 at 11:35 am, the reports did not include the name and address of the laboratory location where the testing had been performed.</p>