

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0628651	(X3) Date Survey Completed 06/25/2025
Name of Provider or Supplier Blue Mountain Hospital	Street Address, City, State 170 Ford Rd, John Day, OR	
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
D5807	<p>TEST REPORT CFR(s): 493.1291(d)</p> <p>(d) Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient final test result and interview with technical supervisor, the laboratory failed to ensure that the final patient test report had reference ranges available to the authorized person who ordered the test. Findings include: 1. Review of patient test report, encounter #86830568 ordered on 03/03/2025 on a female 69 year old patient for GXpert COVFLURSV panel revealed no reference range available. 2. Interview with technical supervisor on 06/25/2025 at 0915 confirmed these findings. 3. The laboratory reports performing 836 COVFLURSV tests per year.</p>