

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D0998228	(X3) Date Survey Completed 07/23/2019
Name of Provider or Supplier Carilion Childrens - Pediatric Medicine-Daleville	Street Address, City, State 60 Market Center Way, Daleville, VA	
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
D0000	An announced CLIA Recertification survey was conducted at the Carilion Children's Pediatric Medicine-Daleville on July 23, 2019 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Specific deficiencies cited are as follows:
D5805	<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 the review of quality assurance (QA) records, patient test reports and interview with the technical consultant, the laboratory failed to ensure the correct name and address of the testing laboratory was included on four (4) of 4 patient testing reports (Patients 1-4) on July 8, 10, 15 and 17, 2019. Findings include: 1. Review of the QA records for the manual result transcription audits for 2019 revealed that the patient test reports from the EPIC Electronic Medical Record (EMR) did not include the correct laboratory name and address for the following patients: Patient 1- resulted in EPIC EMR on July 8, 2019, Patient 2- resulted in EPIC EMR on July 10, 2019, Patient 3- resulted in EPIC EMR on July 15, 2019 and, Patient 4- resulted in EPIC EMR on July 17, 2019. The name and address provided on the final patient test</p>

report: Peds Assoc-Botetourt 89 Summers Way, Suite 201 Roanoke, VA 24019. 2.
The technical consultant confirmed that the name and address was not correct for the
above-listed patients in an interview at approximately 11:30 AM.