

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0888558	(X3) Date Survey Completed 03/03/2021
Name of Provider or Supplier Bbh Primary And Specialty Care Network	Street Address, City, State 4902 Valleydale Road, Birmingham, AL	
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
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 a review of patient test reports and an interview with the Laboratory Director, the laboratory failed to include the address of the laboratory location where the test was performed. This affected two of two reports reviewed. The findings include: 1. A review of patient test reports revealed the address of the laboratory location where the test was performed was not indicated on the test report from the Electronic Medical Records. 2. During an interview on 03/03/2021 at 11:35 AM, the Laboratory Director confirmed that the address was not indicated on the test report.</p>