

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D1044848	(X3) Date Survey Completed 06/12/2019
Name of Provider or Supplier Ironwood Dermatology, Pc	Street Address, City, State 1735 E Skyline Dr, Tucson, AZ	
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 review of the laboratory's test reports and interview with the facility personnel, the Dermatopathology test reports failed to include the address of the laboratory where the reading of the Dermatopathology slides was performed . Findings include: 1. Two out of two Dermatopathology test reports (D19-1167 and D19-2185) reviewed during the survey were missing the address of the laboratory where the reading of the Dermatopathology slides was performed. 2. The address where the gross descriptions were performed was indicated on the reports. 2. The facility personnel confirmed that the laboratory address was missing from the Dermatopathology test reports indicated above.</p>