

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2131385	(X3) Date Survey Completed 06/08/2018
Name of Provider or Supplier Low Country Pathology Associates	Street Address, City, State 11873 E Bella Vista Dr, Scottsdale, 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 patient test reports and interview with the laboratory director, the laboratory failed to include on the test report the laboratory address where the testing was performed. Findings include: 1. The laboratory performs patient testing in the specialty of Pathology with an approximate annual test volume of 20. 2. One test report reviewed during the survey (TBM18-000106) was missing the laboratory address where the testing was performed. 3. The laboratory director confirmed that the laboratory address where the testing was performed was not indicated on the test report referenced above.</p>