

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2225610	(X3) Date Survey Completed 08/19/2026
Name of Provider or Supplier Advanced Spine And Pain Llc	Street Address, City, State 2525 W Greenway Rd Ste 125, Phoenix, 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
D5821	TEST REPORT CFR(s): 493.1291(k) (k)When errors in the reported patient test results are detected, the laboratory must do the following: (k)(1) Promptly notify the authorized person ordering the test and, if applicable, the individual using the test results of reporting errors. (k)(2) Issue corrected reports promptly to the authorized person ordering the test and, if applicable, the individual using the test results. (k)(3) Maintain duplicates of the original report, as well as the corrected report. This STANDARD is not met as evidenced by: Based on review of test reports for testing performed in the subspecialty of Toxicology and interview with the testing personnel (TP-1) on 8/19/26 at 12:34 PM, one out of one amended test reports failed to clearly indicate what information was corrected, and the laboratory failed to maintain duplicates of the original test report. Findings include: 1. The laboratory began patient testing in the subspecialty of Toxicology on December 10, 2025, with a reported annual test volume of 1,140,000. The laboratory performs LC-MS/MS testing on the Sciex Triple Quad 4500 analyzer. 2. The amended test report reviewed during the survey (for Patient #3) failed to clearly indicate what information was corrected. 3. The laboratory failed to provide evidence of the original test report for Patient #3. 4. TP-1 interviewed on 8/19/26 at 12:34 PM acknowledged that the amended test report referenced above failed to clearly indicate what information was corrected, and confirmed that the laboratory failed to maintain a copy of the original test report.