Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0468584	(X3) Date Survey Completed 11/16/2022
Name of Provider or Supplier Fayetteville Diagnostic Clinic	**Street Address, City, State** 3344 North Futrall Drive, Fayetteville, AR	

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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Through a review of 10 patient medical records and an interview with laboratory staff, it was determined the laboratory failed to include all required data on test reports. Survey findings follow: A) One of one arterial blood gas report reviewed on the medical record of patient #1332743 failed to include the name and address of the laboratory location where the test was performed. B) In an interview, at 3:20 p.m. on 11/16/22, laboratory employee #3 (as listed on the form CMS-209) confirmed that there was no laboratory identification on the blood gas report listed ablove. She further stated that arterial blood gas final reports are issued from a system separate from the system used in reporting all other laboratory tests and this would result in all arterial blood gas reports lacking the name and address of the performing laboratory.