

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D1034068	<b>(X3) Date Survey Completed</b>  04/14/2021
<b>Name of Provider or Supplier</b>  Arkansas Gastroenterology	<b>Street Address, City, State</b>  3401 Springhill Dr, Suite 400, North Little Rock, AR	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5805</b>	<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:  . Through a review of six randomly selected patient pathology reports and interviews with laboratory staff, it was determined that six of six pathology reports failed to include the name of the laboratory where gross examinations were performed. Survey findings include: A. Through a review of six randomly selected patient pathology reports, which included gross description performed by Arkansas Gastroenterology, it was determined that six of six test reports failed to include the name of the laboratory. B. In an interview, at 11:30 on 4/14/2021, laboratory employee #1 (as listed on the form CMS-209), confirmed that Arkansas Gastroenterology did the gross description but the pathology reports had a laboratory name other than Arkansas Gastroenterology.</p>