

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2035986	(X3) Date Survey Completed 02/27/2020
Name of Provider or Supplier Sherwood Urgent Care-Lonoke	Street Address, City, State 1306 N Center Street, Lonoke, 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	<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 eight Laboratory Results reports and interviews with laboratory personnel it was determined the laboratory test reports failed to include the address of the laboratory location where the test was performed. Survey findings include: A. Eight of eight patient Laboratory Results reports reviewed failed to include the address of the laboratory location where testing was performed. All eight reports for testing done in this laboratory (1306 North Cedar in Lonoke Arkansas) stated that the performing laboratory was located at 123 Audubon Drive in Maumelle Arkansas. B. In an interview at 11:15 on 2/27/2020 the laboratory director (as listed on the form CMS-209) confirmed the performing laboratory listed on the reports was not the laboratory that performed the testing on the samples.</p>