

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2162253	(X3) Date Survey Completed 01/07/2020
Name of Provider or Supplier Chi St Vincent Cancer Center	Street Address, City, State 10001 Lile Drive, Little Rock, 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 review of the CMS 116 form, observation, review of test result reports, the laboratory referred test log and interview with laboratory staff it was determined the correct name and address of the laboratory performing the test was not present on the test report for three of three routine chemistry tests referred by the laboraatory . This would have affected all of the approximate 80 tests per month referred by the laboratory. Survey findings follow: A) Review of the CMS 116 form provided by the laboratory revealed that no routine chemistry tests were listed on the CMS 116 form as being performed by the laboratory, B) In a tour of the laboratory on 1/7/20 at approximately 08:30 AM, no laboratory instrumentation capable of performing routine chemistry analysis such as those on a Basic Metabolic Panel was observed in the laboratory. C) In interview on 1/2/20 at approximately 08:30 AM, the technical consultant identified as number 2 on the CMS 209 form stated that the all chemistry tests are referred to an outside laboratory. D) Review of Basic Metabolic Panel test results performed on 10/15/2019 for patient identified as number 1 on the patient identification list, the Basic Metabolic Panel test results performed on 10/15/2019 for patient identified as number 2 on the patient identification list and the Basic Metabolic Panel test results performed on 1/2/2020 for patient identified as number 3 on the</p>

patient identification list revealed that all the reports listed the performing laboratory as "CHI SV Oncology Clinic-LR 1 St. Vincent Cir STE 220, Little Rock, AR 72205-5405". E) Review of the laboratory referred test log revealed that approximately 80 chemistry tests per month are referred by the laboratory. D) In an interview on 1/7/20 at approximately 11:30 AM the technical consultant, identified as number 2 on the CMS 209 form, confirmed that the name and address of the performing laboratory is incorrect on the final result of routine chemistry tests referred by the laboratory.