

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2172595	(X3) Date Survey Completed 06/25/2024
Name of Provider or Supplier Arkansas Dermatology	Street Address, City, State 500 South University Avenue, Suite 708, 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 a review of Laboratory test reports and interview with staff it was determined the laboratory test reports failed to include the name of the laboratory where the test was performed. Survey findings include: A. A review of laboratory test reports (seven of seven) revealed the laboratory results reports reviewed failed to include the name of the laboratory where testing was performed. B. In an interview at 9:12am on 6/25/24 the laboratory representative (#1 as listed on the form entrance/exit conference sheet) confirmed the laboratory test report did not include the laboratory name.</p>