

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D2178791	<b>(X3) Date Survey Completed</b>  03/29/2021
<b>Name of Provider or Supplier</b>  Greenwood Labs Llc	<b>Street Address, City, State</b>  8907 Kanis Rd, Ste 401, Room #4, 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 eleven randomly selected patient pathology reports and interviews with laboratory staff, it was determined that ten of eleven pathology reports failed to include the name of the laboratory where gross examinations were performed. Survey findings include: A. Through a review of eleven randomly selected patient pathology reports, which included gross description performed by Greenwood Labs, LLC, it was determined that ten of the eleven test reports failed to include the name of the laboratory (Greenwood Labs, LLC). B. In an interview, at 2:20 on 3/29 /2021, laboratory employee #3 (as listed on the form CMS-209), confirmed that Greenwood Lab did the gross description but the pathology reports had a laboratory name other than Greenwood Labs, LLC.</p>