

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2302653	(X3) Date Survey Completed 03/04/2025
Name of Provider or Supplier Md Hair Labs & Vitality	Street Address, City, State 4100 S Grand Ave Suite B122, Rogers, 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
D5305	<p>TEST REQUEST CFR(s): 493.1241(c)</p> <p>(c) The laboratory must ensure the test requisition solicits the following information: (c)(1) The name and address or other suitable identifiers of the authorized person requesting the test and, if appropriate, the individual responsible for using the test results, or the name and address of the laboratory submitting the specimen, including, as applicable, a contact person to enable the reporting of imminently life threatening laboratory results or panic or alert values. (c)(2) The patient's name or unique patient identifier. (c)(3) The sex and age or date of birth of the patient. (c)(4) The test(s) to be performed. (c)(5) The source of the specimen, when appropriate. (c)(6) The date and, if appropriate, time of specimen collection. (c)(7) For Pap smears, the patient's last menstrual period, and indication of whether the patient had a previous abnormal report, treatment, or biopsy. (c)(8) Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable.</p> <p>This STANDARD is not met as evidenced by: Based on review of the data log, patient reports, and interview, it was determined that the laboratory failed to transcribe the accurate time of collection on patient report on all patient test results reviewed. Findings are as follows: A) Review of the final patient report revealed that reported specimen collection times were not documented on any log or final report. B) In an interview on 03/04/2025 at 1310 the technical consultant director identified on the CMS 209 form verified that the laboratory was not logging sample collection time and not transcribed into the electronic medical records.</p>