

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0560613	(X3) Date Survey Completed 01/22/2018
Name of Provider or Supplier Robert Hartman Md	Street Address, City, State 5400 Balboa Blvd, Ste 329, Encino, CA	
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
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Based on review of a patient chart, doctor's order and a final report of a biopsy taken on 12/2/2016, the laboratory failed to establish and follow written policy and procedure to ensure that a positive identification of patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. The findings included: a. On 12/2/2016, patient (A) had an order of a Biopsy by Shave method and destruction from two (2) locations, Location A: Left Ear, Location B: Left Cheek. The two locations were supported by a Biopsy map marked by the respective locations. b. The biopsy results were described from different anatomic sites. The report was signed by the Laboratory Director dated on 12/12 /2016, Diagnosis: "A) Skin (Right ear, excision): Nodular Basal Cell Carcinoma B) Skin (Left Chest, Excision): Nodular Basal Cell Carcinoma" c. The anatomic sites described on the patient's plan and the description on the patient's Pathology reports revealed discrepancies. There was no documentation of corrective action for the errors. d. The laboratory staff affirmed (1/22/2018, 12N) that the laboratory has not established or follow written policy and procedure to ensure that patient's specimen are properly and accurately identified from collection to receipt, through the completion of testing and reporting of results.</p>
D5779	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(a)</p>

Corrective action policies and procedures must be available and followed as necessary to maintain the laboratory's operation for testing patient specimens in a manner that ensures accurate and reliable patient test results and reports.

This STANDARD is not met as evidenced by:

Based on review of a patient chart, doctor's order and a final report of a biopsy taken on 12/2/2016, the laboratory failed to establish and follow written corrective action policies and procedures must be available and followed as necessary to maintain the laboratory's operation for testing patient specimens in a manner that ensures accurate and reliable patient test results and reports. The findings included. a. On 12/2/2016, patient (A) had an order of a Biopsy by Shave method and destruction from two (2) locations, Location A: Left Ear, Location B: Left Cheek. The two locations were supported by a Biopsy map marked by the respective locations. b. The biopsy results were described from different anatomic sites. The report was signed by the Laboratory Director dated on 12/12/2016, Diagnosis: "A) Skin (Right ear, excision): Nodular Basal Cell Carcinoma B) Skin (Left Chest, Excision): Nodular Basal Cell Carcinoma" c. The anatomic sites described on the patient's plan and the description on the patient's Pathology reports revealed discrepancies. There was no documentation of corrective action for the errors. d. The laboratory staff affirmed (1/22/2018, 12N) that the laboratory has not established or follow written corrective action policy and procedure to ensure that patient's accurate and reliable patient test results and reports.