

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1058036	(X3) Date Survey Completed 05/16/2019
Name of Provider or Supplier Lags Spine & Sportscare Medical Center Inc	Street Address, City, State 801 E Chapel St, Ste 6, Santa Maria, 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
D5313	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(b)</p> <p>The laboratory must document the date and time it receives a specimen.</p> <p>This STANDARD is not met as evidenced by: Based on the request for patient records and an interview with a technical supervisor /consultant, the laboratory failed to record the time a patient sample was received. Findings include: a. At the time of the survey, the laboratory did not have process(es) in place to record the time patient samples were received. b. A technical supervisor /consultant confirmed (May 16, 2019, 2:00 P.M.) that the laboratory did not record the time a patient urine sample (patient ID:22969) was received.</p>