

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 06D0688669	(X3) Date Survey Completed 01/12/2022
Name of Provider or Supplier Mohs Surgery Laboratory	Street Address, City, State 1665 Aurora Ct, Aurora, CO	
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: Based on review of patient test reports and staff interview, the laboratory failed to include the address of the laboratory location on the final report where testing was performed for MOHs surgery procedures. Findings include: a. The final report contained the name of the clinic but did not indicate the address where testing was performed. b. Staff confirmed the address of the clinic where testing was performed was not included on the final report.</p>