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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>09D2213880                  | <b>(X3) Date Survey Completed</b><br><br>03/19/2021 |
| <b>Name of Provider or Supplier</b><br><br>Shield T3 Llc   | <b>Street Address, City, State</b><br><br>800 Florida Ave Ne, Ballard House, Washington, DC |   |
| 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>  |
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| <b>D5805</b>              | <p>TEST REPORT<br/>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:<br/>Based on record review and interview, the laboratory report for SARS-CoV--2 testing did not include the address of where the test was performed and did not include the specimen type. Findings: 1. The laboratory report did not state the address of where the test was performed and the laboratory report did not state the source of the specimen tested; and 2. This was confirmed with the technical supervisor during the afternoon of the day of survey.</p> |