

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2132625	(X3) Date Survey Completed 11/08/2018
Name of Provider or Supplier Academic Alliance In Dermatology Inc	Street Address, City, State 1258 West Bay Drive Unit G, Largo, FL	
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 upon record review of patient reports and interview with the Laboratory Manager, the laboratory's patient test report failed to have the complete address of the testing laboratory for four of four reports for the time period of 2017-2018 Findings included: 1. Review of 4 patient test reports dated from 2017-2018 revealed the location of the testing laboratory was not a complete address. 2. Interview on 11/08/18 at 1:30 PM with the Laboratory Manager confirmed the patient test reports did not have the complete address.</p>