

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  12D0999864	<b>(X3) Date Survey Completed</b>  07/11/2019
<b>Name of Provider or Supplier</b>  Ahcs-Pali Womens Health Center	<b>Street Address, City, State</b>  642 Ulukahiki St Ste 305, Kailua, HI	
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>
<b>D5301</b>	<p>TEST REQUEST CFR(s): 493.1241(a)</p> <p>The laboratory must have a written or electronic request for patient testing from an authorized person.</p> <p>This STANDARD is not met as evidenced by: Based on test requisitions record review and testing personnel interview conducted on 7/11/19, the laboratory failed to have written or electronic requests for patient urinalysis testing from an authorized person. Findings included: a. For 2 (accession numbers F3491153 and H3414592) of 3 randomly selected patient urinalysis tests from October 2018 to May 2019, the laboratory failed to have a written or electronic request to perform the urinalysis testing from an authorized person . b. According to laboratory records, the laboratory performs approximately 600 patient urinalysis tests annually.</p>