

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  13D0521868	<b>(X3) Date Survey Completed</b>  02/27/2018
<b>Name of Provider or Supplier</b>  Family Health Care	<b>Street Address, City, State</b>  1075 N Curtis Rd #100, Boise, ID	
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>D5805</b>	<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 a record review and an interview with the testing person, the patient reports and intermediate microbiology worksheets failed to include the name and location of the laboratory that performed microbiology tests since the last survey on March 14, 2016. Findings: 1. A record review of the final patient test reports and intermediate microbiology worksheets for microbiology tests performed, revealed the final reports and worksheets failed to show the name and address of the laboratory that performed the tests. 2. An interview on February 27, 2018 at 2:20 PM, confirmed the patient test reports and microbiology worksheets used to report microbiology tests failed to include the name and address of the laboratory that performed the tests.</p>