

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2015997	(X3) Date Survey Completed 02/23/2018
Name of Provider or Supplier Beacon Pain Clinic	Street Address, City, State 115 W Main St Ste 201, Boise, ID	
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 a record review of patient test reports and an interview with the testing person, the laboratory failed to include units of measurement for the drugs of abuse testing on patient test reports since the last survey on March 15, 2016. Findings: 1. A record review of three patient test reports revealed the laboratory failed to identify the units of measurement for benzodiazepine, cannabinoid, methadone, opiates, oxycodone, amphetamine, and ethanol testing performed on the Mindray BS-200 analyzer since the last survey. 2. An interview on February 23, 2018, at 2:30 PM, with the testing person, revealed the units of measurement for the seven drugs of abuse were not reported on the patient reports since the last survey.</p>