

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  13D2147167	<b>(X3) Date Survey Completed</b>  04/25/2019
<b>Name of Provider or Supplier</b>  Family Health Care	<b>Street Address, City, State</b>  1588 Cayuse Creek Ste 100, Meridian, 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 review of final patient reports and an interview with the laboratory supervisor, the laboratory failed to state the name and address of the laboratory on patient's microbiology test reports for the period reviewed between November 2018 through April 2019. Findings: 1. A review of 3 patient microbiology test reports revealed the name and address of the laboratory failed to be included on the patient's test reports. 2. An interview on April 25, 2019 at 2:05 PM, with the laboratory supervisor, confirmed the name and address of the laboratory failed to be stated on patient microbiology reports.</p>