

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0898265	(X3) Date Survey Completed 06/07/2021
Name of Provider or Supplier Wichita Urology Group West	Street Address, City, State 7570 West 21st Street Suite 1014a, Wichita, KS	
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 review of patient test reports and interview, the laboratory failed to include the address of the laboratory location where the test was performed on the patient report. Findings: 1. Review of selected patient test reports showed the laboratory address where the test was performed was missing. 2. Interview with the Director of Operations on 6/7/21 at 3:00 p.m. confirmed the laboratory failed to include the address of the laboratory location where the test was performed on the patient report.</p>