Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0918724	(X3) Date Survey Completed 10/12/2018
Name of Provider or Supplier Midwest Medical Specialists, Pa	**Street Address, City, State** 8490 College Blvd, Overland Park, 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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Based on review of patient test reports and interview with the laboratory staff, the laboratory failed to include the name and address of the laboratory performing the test. Findings: 1. Review of the patient test report showed a lack of the name and address of the laboratory where the test was performed. 2. Interview with the laboratory staff on October 12, 2018 at 1:00 PM confirmed the laboratory failed to include name and address on the patient report.