Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 17D2255427	**(X3) Date Survey Completed** 10/13/2022
Name of Provider or Supplier Tukhs Cardiovascular Medicine - Switzer	**Street Address, City, State** 7420 Switzer Rd, Shawnee, 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 technical consultant #2, the laboratory failed to include the correct name and address of the laboratory where the professional component of the test was performed on the patient report at time of survey. Findings: 1. Review of selected patient test reports showed that the laboratory's correct name where the professional component of the test was performed was not present on the report. 2. Review of selected patient test reports showed that the laboratory's address where the professional component of the test was performed was not present on the report. 3. Interview with technical consultant #2 on 10/13/22 at 11:24 a.m. confirmed the laboratory failed to include the correct name and address of the laboratory where the professional component of the test was performed on the patient report.