

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  19D1056551	<b>(X3) Date Survey Completed</b>  02/19/2018
<b>Name of Provider or Supplier</b>  Delta Pathology Group, Llc - Mandeville	<b>Street Address, City, State</b>  229 West Causeway Approach, Mandeville, LA	
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>D0000</b>	A Certification Survey was conducted on February 19, 2018 at Delta Pathology Group, LLC, CLIA ID # 19D1056551. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
<b>D5805</b>	<p><b>TEST REPORT</b> 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 record review and interview with personnel, the laboratory failed to include the address of the laboratory location where testing was performed on Histopathology patient final reports. Findings: 1. Review of random selection of patient test reports revealed the laboratory did not include the physical address of the laboratory where interpretation was performed for the following three (3) patients: Patient 1 Patient 2 Patient 3 2. In interview on February 19, 2018 at 9:19 am, Personnel 1 stated he performs the microscopic examination and interpretation at the laboratory. Personnel 1 further stated he thought the Gretna location's address was sufficient since reports are typed there. Personnel 1 confirmed the physical address of the laboratory where he performs microscopic examination and interpretation was not included on patient final reports. 3. Review of the laboratory's Task 1 and 3 forms revealed the laboratory performs 3,597 Histopathology tests annually.</p>

**D6098**

**LABORATORY DIRECTOR RESPONSIBILITIES**

CFR(s): 493.1445(e)(8)

The laboratory director must ensure that reports of test results include pertinent information required for interpretation.

This STANDARD is not met as evidenced by:

Based on record review and interview with personnel, the Laboratory Director failed to ensure the patient test reports included pertinent information required for interpretation. Refer to D5805.