

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D1075504	(X3) Date Survey Completed 03/14/2023
Name of Provider or Supplier Avala	Street Address, City, State 67252 Industry Lane, Covington, LA	
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
D0000	A Certification survey was performed on March 14, 2023 at Avala, CLIA ID # 19D1075504. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
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 random selection of patient final test reports, test menu, and interview with personnel, the laboratory failed to include the name and address of the laboratory where testing was performed for seven (7) of seven (7) patients reviewed. Findings: 1. Review of the following random selection of patient final test reports revealed the correct name and address of the laboratory that performed the testing was not included: Patient JS21-48919 Patient JS22-49756 Patient JS22-33199 Patient JS22-26020 Patient JS22-08670 Patient JS23-02371 Patient JS23-07457 2. In interview on March 14, 2023 at 10:28 am, the Laboratory Director stated she noticed that morning, prior to the start of the survey, the incorrect name and address of the testing laboratory was listed. The Laboratory Director confirmed the identified patient final reports did not include the correct name and address of the testing laboratory.</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 review of patient final reports and interview with personnel, the Laboratory Director failed to ensure patient final reports included required information. Refer to D5805.