

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D1093930	(X3) Date Survey Completed 03/19/2026
Name of Provider or Supplier University Health Center	Street Address, City, State 16 South Eutaw Street, Baltimore, MD	
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>(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.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the laboratory director (LD), test results did not include the name and address of the laboratory location where the testing was performed. Findings: 1. Coagulation results were reported through the electronic medical record (EMR). 2. On 03/19/2026 at 11:10 AM, results were reviewed in the EMR for a randomly selected patient. The coagulation test results did not specify the name and address where the testing was performed. 3. During the exit interview on 03/19/2026 at 11:35 AM, the LD confirmed that the name and address of the laboratory location where the testing was performed was not available in the patient EMR.</p>