

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2099698	(X3) Date Survey Completed 02/06/2018
Name of Provider or Supplier Eastern Pathology	Street Address, City, State 3135 S State Street Suite 350t, Ann Arbor, MI	
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>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, the laboratory failed to identify the name and address of the facility performing the microscopic histology and oral pathology tissue readings for three (#2, 5, and 6) of seven patient charts audited in 2016 and 2017. Findings include: 1. On February 6, 2018 at 2:13 p.m., record review of the final patients results for three of seven patient charts audited in 2016 and 2017 did not include the name and address of the facility where the microscopic tissue reading was performed. 2. During the interview on February 6, 2018 at 2:13 p.m., the laboratory director as listed on the CMS-209 confirmed the final reports did not include the name and address of the testing site. ***Repeat Deficiency from August 17, 2016 survey***</p>