

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  24D0398942	<b>(X3) Date Survey Completed</b>  10/06/2021
<b>Name of Provider or Supplier</b>  Minnesota Urology, Pa	<b>Street Address, City, State</b>  6025 Lake Road, Suite 200, Woodbury, MN	
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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and interview it was determined that the laboratory failed to ensure that two of seventeen written policies and procedures were approved, signed and dated by the Laboratory Director. Findings include: 1. The Laboratory Director failed to approve, sign and date two of seventeen laboratory procedures in the cytology manual. Procedures include: - The Paris System for Reporting Urinary Cytology - Creating Pathology Reports 2. During an interview at 11:30 AM on October 6, 2021, the Laboratory Director/Technical Supervisor #1 confirmed these findings.</p>
<b>D9999</b>	<p>By agreement between ASCT Services, Inc. and CMS, information provided for CMS's completion of CMS Form 670 are ASCT Services, Inc. averages only. This information is confidential and proprietary to ASCT Services, Inc., is exempt under the Freedom of Information Act (5 U.S.C. 552 et seq.), and shall be used for federal government purposes only.</p>