

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D1091444	(X3) Date Survey Completed 10/03/2022
Name of Provider or Supplier Shakopee Dakota Mystic Clinic	Street Address, City, State 15000 Mystic Center Drive, Prior Lake, MN	
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 document review and interview with laboratory personnel, the laboratory failed to ensure Microbiology and Chemistry test result reports included the address of the laboratory location. Findings are as follows: 1. The laboratory performed Vaginal Wet Preparation (VWP) microscopic examinations under the Microbiology Specialty (Bacteriology, Mycology, and Parasitology Subspecialties) and Urine Sediment (US) microscopic examinations under the Chemistry Specialty (Urinalysis Subspecialty) as confirmed by the Laboratory Supervisor (LS) during a tour of the laboratory at 1:35 p. m. on 10/03/22. 2. The address of the laboratory location, 15000 Mystic Center Drive, Prior Lake, MN 55372, was not included on the VWP and US test result reports reviewed on date of survey. See below. Test Patient Date of result VWP KMC 09/12 /22 VWP PW 08/31/22 US AH 06/23/21 US CAR 10/28/21 The address included on the patient test reports was "2330 Sioux Trail NW, Prior Lake, MN 55372". 3. The laboratory performed approximately 54 microscopic examinations annually as indicated on the Clinical Laboratory Improvement Amendments (CLIA) Application for Certification, Form CMS-116, provided by the laboratory on date of survey. 4. In an interview at 2:50 p.m. on 10/03/22, the LS confirmed the above finding. .</p>