

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  24D2020585	<b>(X3) Date Survey Completed</b>  01/25/2019
<b>Name of Provider or Supplier</b>  Ridgeview Professional Building-Specialty Clinic	<b>Street Address, City, State</b>  560 South Maple Street, Waconia, 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>D5805</b>	<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 the address of the performing laboratory on a test report was accurate. Findings are as follows: 1. The laboratory performed Dermatopathology testing as confirmed by the Histotechnician during a tour of the laboratory on 1/25/19 at 8:05 a. m. 2. A patient test report reviewed on date of survey did not include the correct address of the performing laboratory: Case #: 18-349 Patient: Female / 86 yrs Date of Service: 12/4/2018 Correct Address: 560 South Maple Street, Waconia, MN 55387 Address as Shown: 111 Hundertmark Road, Chaska, MN 55318 3. In an interview on 1/25/19 at 9:45 a.m., the Histotechnician confirmed the above findings. .</p>