

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D0930416	(X3) Date Survey Completed 02/26/2019
Name of Provider or Supplier Forest Park Pediatrics	Street Address, City, State 4488 Forest Park Avenue, Suite 230, Saint Louis, MO	
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 review of test reports and interview with the office manager, the laboratory failed to include the name and address of the location where the test was performed. Findings: 1. Review of patient test reports showed the laboratory failed to include the name and address of the location where the test was performed. 2. Interview with the office manager on February 26, 2019 at 3:00 PM confirmed the laboratory failed to include the name and address on the patient test report.</p>