Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 26D1023850	**(X3) Date Survey Completed** 02/16/2021
Name of Provider or Supplier Dermatology & Skin Cancer Centers	**Street Address, City, State** 3265 Ne Ralph Powell Rd, Lees Summit, 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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Based on review of six histopathology test reports for 2020 and interview with the laboratory manager, six of six patient test reports failed to include the name of the laboratory where the test was performed. Findings: 1. Review of six histopathology test reports for 2020 showed the test report did not include the name of the testing laboratory; Dermatology and Skin Cancer Specialist. 2. Interview with the laboratory manager on February 16, 2021 at 09:55 AM confirmed the laboratory failed to include the name of the testing laboratory on patient histopathology test reports.