

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D2076060	(X3) Date Survey Completed 07/18/2018
Name of Provider or Supplier Jackson County Gastroenterology	Street Address, City, State 3800 South Elizabeth St Suite H, Independence, 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, observation of physical address and interview with the laboratory director, two of two selected test reports failed to include the address of the laboratory location where the test was performed. Findings: 1. Review of two test reports showed the address stated on the header as "18640 E. 38th Terrace South, Independence, MO 64057. " The footer on the test reports stated, "Testing performed at "2750 Clay Edwards Drive, Suite 420, North Kansas City, MO 64116. 2. Observation of the physical address confirmed the location of the testing laboratory is 3800 South Elizabeth Steet. Suite H, Independence MO 64057 and stated on the CLIA certificate. 3. Interview with the laboratory director on July 18, 2018 at 10:30 AM confirmed, the test reports did not indicate the address of the testing laboratory.</p>