

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D0539610	(X3) Date Survey Completed 04/30/2019
Name of Provider or Supplier Cancer Care Specialists	Street Address, City, State 5423 Reno Corporate Drive, Reno, NV	
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
D0000	<p>This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on April 30, 2019. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>
D5311	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(a)</p> <p>The laboratory must establish and follow written policies and procedures for each of the following, if applicable: (1) Patient preparation. (2) Specimen collection. (3) Specimen labeling, including patient name or unique patient identifier and, when appropriate, specimen source. (4) Specimen storage and preservation. (5) Conditions for specimen transportation. (6) Specimen processing. (7) Specimen acceptability and rejection. (8) Specimen referral.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of laboratory policies and procedures, and interview with the practice manager and laboratory supervisor, the laboratory failed to follow written policies and procedures for specimen labeling. Findings include: 1. During a tour of the laboratory on 4/30/19, two blood specimens were found in the specimen rack labeled with only the patients' last name. The laboratory supervisor identified the patients as Medical Record Number (MRN) 205538 and 205905. 2. The laboratory policy #4-2, Specimen Collection and Handling, states, "Label all vacuum tubes with the following: 1. Patient last name and first name; 2. MRN number; 3. DOB; 4. Technician initials; 5. Date; 6. Time collected." 3. The practice manager and laboratory supervisor interviewed during the on-site survey on 4/30/19 at approximately 12:00 PM, confirmed the findings. The laboratory performs approximately 57,000 hematology tests annually.</p>