

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D0706920	(X3) Date Survey Completed 08/29/2023
Name of Provider or Supplier Fallon Paiute-Shoshone Tribe	Street Address, City, State 1001 Rio Vista Dr, Fallon, 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
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 records reviewed and interview with the testing personnel, the laboratory failed to indicate on the test report, the name and address of the laboratory location where the test was performed. Findings include: 1. Review of records revealed there was no name and address of the laboratory location of where the test was performed on 6 of 6 test reports reviewed. 2. Interview with the testing personnel on August 29, 2023, at approximately 11:20 a.m. confirmed there was no name and address of the laboratory location where the test was performed on the test reports. 3. The laboratory performed approximately 5,500 tests per year.</p>