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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>29D2141828       | <b>(X3) Date Survey Completed</b><br><br>03/08/2021 |
| <b>Name of Provider or Supplier</b><br><br>Las Vegas Gastroenterology  | <b>Street Address, City, State</b><br><br>7315 S Pecos Rd Ste 101, Las Vegas, NV |   |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. |  |   |

| <b>(X4) ID Prefix Tag</b> | <b>Summary Statement of Deficiencies</b>   |
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| <b>D0000</b>              | This Statement of Deficiencies was created as a result of an on-site CLIA Recertification survey conducted at your facility on March 8, 2021. 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.  |
| <b>D5805</b>              | <p>TEST REPORT<br/>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:<br/>Based on a random audit of patient final test reports from 2/21/19 to 12/21/2020, and an interview with testing personnel #1 on the cms 209 form, the laboratory failed to ensure that the location of the laboratory where the technical component of the specimen processing and gross analysis was specified on the final test report. Findings include: 1) A random audit of patient final test reports between the dates of 2/21/19 and 12/21/20 revealed that the location of the laboratory where the technical component and gross analysis was performed was not correct on three of the seven reports reviewed. The final report indicated that the technical component was completed at the laboratory from which the case slides were distributed for the pathologist interpretation to be completed. 2) A random audit of patient reports</p> |

between the dates of 2/21/19 and 12/21/20 revealed that the location of the laboratory where the technical component and gross analysis was performed was incorrectly identified as two separate locations on two of seven reports reviewed. The location of the laboratory where the case slides were distributed from for the pathologist interpretation was identified as one of the locations of the performance of the technical component and gross analysis. The findings were confirmed during an interview with testing personnel #1 on the cms 209 form conducted on 3/8/21 at approximately 11:00 am. The laboratory performs 4,000 Histopathology tests annually.