

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 30D2086563	(X3) Date Survey Completed 11/08/2022
Name of Provider or Supplier Nh Laboratory Spectrum Medical Group Pathology	Street Address, City, State 1 Hampton Rd, Ste 307, Exeter, NH	
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 record review and staff interview, 5 of 5 Histopathology test reports failed to include the name and address of the laboratory performing the macroscopic gross examination of tissue specimens in 2022. Findings include: 1) Review on 11/8/2022 of 5 patient test reports from October and November 2022 revealed 5 of 5 test reports failed to include the name and address of where the gross examination was performed. 2) Interview on 11/8/2022 at 11:00 with the Laboratory Director confirmed the above finding. This is a repeat deficiency from the initial CLIA survey completed in May 2015.</p>