Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0118483	(X3) Date Survey Completed 10/04/2018
Name of Provider or Supplier Heymann, Manders, Green & Sommer, Llc	**Street Address, City, State** 100 Brick Road Suite 306, Marlton, NJ	

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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Based on surveyor review of the Test Reports (TR) and interview with the Laboratory Director (LD), the laboratory failed to ensure that the TR included all the required information. The finding includes: 1. The TR did not indicate the name and address of the laboratory were the Technical Component (TC) was performed. 2. The LD confirmed on 10/4/15 at 11:00 am that the TR failed to include the Name and Address of the laboratory where the TC was performed.