

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0122897	(X3) Date Survey Completed 12/14/2018
Name of Provider or Supplier Diosdado Non Medical Services, Llc	Street Address, City, State 525 Route 70, Brick, 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	<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 surveyor review of the Final Report (FR), Test Requisitions and interview with the Technical Consultant (TC), the laboratory failed to ensure that FR indicated accurate information from 3/29/17 to the date of survey. The finding includes: 1. Review of five out of five FR revealed that the Technical Component (TC) laboratory name was not listed on FR. 2. The TC confirmed and stated on 12/14/18 at 1:00 pm that FR did not have accurate information.</p>