

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0702157	<b>(X3) Date Survey Completed</b>  05/01/2019
<b>Name of Provider or Supplier</b>  Planned Parenthood Ncsnj-	<b>Street Address, City, State</b>  1323 Route 27, Franklin Twp, NJ	
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>
<b>D5803</b>	<p>TEST REPORT CFR(s): 493.1291(b)</p> <p>Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor review of the Patients Charts (PC), Test Results (TR) and interview with the Office Manager (OM), the laboratory failed to have TR on one out of five PC for Potassium Hydroxide (KOH) tests from 1/15/19 to the date of the survey. The OM confirmed on 5/1/19 at 1:00 pm that the TR was not in the PC.</p>