

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0885035	<b>(X3) Date Survey Completed</b>  07/17/2019
<b>Name of Provider or Supplier</b>  Regional Womens Health Group	<b>Street Address, City, State</b>  680 Kinderkamack Road, Oradell, 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>D5805</b>	<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 Reports (FR) and interview with the Laboratory Director (LD), the laboratory failed to include the laboratory name and address on all FR for endocrinology and routine chemistry tests from the initiation of testing to the date of survey. The LD confirmed on 7/17/19 at 1:00 pm the FR did not have the laboratory name and address on FR.</p>