

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D1022243	<b>(X3) Date Survey Completed</b>  01/23/2020
<b>Name of Provider or Supplier</b>  Twin Rivers Urology Pc	<b>Street Address, City, State</b>  388 Memorial Parkway, Phillipsburg, 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 Test Report (TR) and interview with the Laboratory Consultant (LC), the laboratory failed to have all test results on the TR from 12/27/17 to the date of the survey. The finding includes: 1. The TR stated "PIN4 is the only IHC cocktail stain, and when performed will be clearly documented on the report" but a review of five TR with PIN4 stains revealed five out of five did not have a test result. 2. The LC confirmed on 1/23/20 at 10:30 am the TR did not include all test results.</p>