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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 31D1065892 | (X3) Date Survey Completed 03/06/2019 |
| Name of Provider or Supplier Regional Pathologists, Inc | Street Address, City, State 140 Sylvan Avenue, Englewood Cliffs, 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 |
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| 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) and interview with the Laboratory Director (LD), the laboratory failed to ensure that the FR included the address of the laboratory location where testing was performed from 4/11/17 to the date of survey. The findings include: 1. A review of ten FR revealed the laboratory's address was listed under Physician Information below the Physician's name. 2. The LD confirmed on 3/6/19 at 1:50 pm that FR did not have all the required information.</p> |