

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2054683	(X3) Date Survey Completed 07/26/2018
Name of Provider or Supplier Vsvl Medical Services, Pllc	Street Address, City, State 1170 Castle Hill Avenue, Bronx, NY	
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
D5303	<p>TEST REQUEST CFR(s): 493.1241(b)</p> <p>The laboratory may accept oral requests for laboratory tests if it solicits a written or electronic authorization within 30 days of the oral request and maintains the authorization or documentation of its efforts to obtain the authorization.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the patient's electronic records, and an interview with the laboratory director and testing person, a verbal request for tests to perform is made for patient testing. Findings Include: Five patient's charts were reviewed for test orders for TSH & Vitamin D performed on the Qualigen Chemistry and Endocrinology Analyzer. On July 26, 2018, at approximately 12:15 pm it was confirmed with the laboratory director and testing person that verbal requests are made for all patient test orders and the laboratory failed to document those test orders in the patient record within 30 days of patient testing.</p>