

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 36D0685902	(X3) Date Survey Completed 04/30/2018
Name of Provider or Supplier Dermatologists Of Southwest Ohio	Street Address, City, State 7691 Five Mile Road, Suite 312, Cincinnati, OH	
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
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 record review and an interview with the Regional Supervisor (RS), the laboratory failed to indicate the address of the laboratory location where test procedures were performed on the final test report. Findings include: 1. Review of six out of six of the laboratory's 2017- 2018 final patient test reports did not find the laboratory address of the location where KOH or grossing procedures were performed. 2. The RS confirmed the laboratory did not indicate the address of the laboratory location on the test reports not electronically entered. The interview occurred on 04/30/2018 10:04 AM.</p>