

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 36D2027185	(X3) Date Survey Completed 01/24/2019
Name of Provider or Supplier Community Action Against Addiction	Street Address, City, State 5209 Euclid Ave, Cleveland, 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
D5305	<p>TEST REQUEST CFR(s): 493.1241(c)</p> <p>The laboratory must ensure the test requisition solicits the following information: (1) The name and address or other suitable identifiers of the authorized person requesting the test and, if appropriate, the individual responsible for using the test results, or the name and address of the laboratory submitting the specimen, including, as applicable, a contact person to enable the reporting of imminently life threatening laboratory results or panic or alert values. (2) The patient's name or unique patient identifier. (3) The sex and age or date of birth of the patient. (4) The test(s) to be performed. (5) The source of the specimen, when appropriate. (6) The date and, if appropriate, time of specimen collection. (7) For Pap smears, the patient's last menstrual period, and indication of whether the patient had a previous abnormal report, treatment, or biopsy. (8) Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews with the General Supervisor (GS) and Testing Personnel (TP) #2, the laboratory failed to ensure that the test requisitions included (1) The name or other suitable identifiers of the authorized person requesting the test and, if appropriate, the individual responsible for using the test results. Findings Include: 1. Review of two out of six of the laboratory's 2018 and 2019 test requisitions, provided on the date of the inspection, did not find the name of the authorized individual who ordered the urine drug screen testing. 2. The Inspector requested the laboratory's requisition that included the authorized person requesting the test and responsible for using the test results from the GS and TP#2. The GS and TP#2 confirmed that the ordering individual was not indicated on two out of six test requisitions reviewed and were unable to provide the requested documentation on the date of the inspection. The interview occurred on 01/24/2019 at 12:40 PM.</p>