

<p><b>Statement of Deficiencies</b></p>	<p><b>(X1) Provider/Supplier/CLIA Identification Number</b></p> <p>37D2020808</p>	<p><b>(X3) Date Survey Completed</b></p> <p>04/12/2024</p>
<p><b>Name of Provider or Supplier</b></p> <p>Digestive Disease Specialists</p>	<p><b>Street Address, City, State</b></p> <p>3366 Nw Expressway, Bldg D, Suite 350, Oklahoma City, OK</p>	
<p>For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.</p>		

<p><b>(X4) ID Prefix Tag</b></p>	<p><b>Summary Statement of Deficiencies</b></p>
<p><b>D0000</b></p>	<p>The recertification survey was performed on 04/12/2024. The laboratory was found in compliance with a standard-level deficiency cited. The findings were reviewed with the laboratory director and laboratory manager at the conclusion of the survey.</p>
<p><b>D5805</b></p>	<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 a review of records and interview with the laboratory director and laboratory manager, the laboratory failed to ensure test reports reflected accurate laboratory information where the testing was performed for 14 of 14 reports reviewed. Findings include: (1) On 04/12/2024 at 09:20 am, the laboratory director and laboratory manager stated the laboratory performed grossing of digestive tissues; (2) A review of patient reports identified the address of the laboratory on the reports (3366 NW Expressway, Building D, Suite 400) did not match the address on the CLIA certificate (3366 NW Expressway, Building D, Suite 350) for the following: (a) Patient sample # OKC23-07538 testing performed on 07/05/2023 (b) Patient sample # OKC23-07588 testing performed on 07/05/2023 (c) Patient sample # OKC23-07988 testing performed on 07/14/2023 (d) Patient sample # OKC23-07967 testing performed on 07/14/2023 (e) Patient sample # OKC23-08516 testing performed on 07/28/2023 (f)</p>

Patient sample # OKC23-13993 testing performed on 12/01/2023 (g) Patient sample # OKC23-14607 testing performed on 12/15/2023 (h) Patient sample # OKC23-14865 testing performed on 12/27/2023 (i) Patient sample # OKC24-02297 testing performed on 03/01/2024 (j) Patient sample # OKC24-02298 testing performed on 03/01/2024 (k) Patient sample # OKC24-02930 testing performed on 03/15/2024 (j) Patient sample # OKC24-02932 testing performed on 03/15/2024 (m) Patient sample # OKC24-03329 testing performed on 03/27/2024 (n) Patient sample # OKC24-03331 testing performed on 03/27/2024 (3) The findings were reviewed with the laboratory director and laboratory manager who stated on 04/12/2024 at 01:30 pm, the correct laboratory address had not been included in the patient test reports.