

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D2049362	<b>(X3) Date Survey Completed</b>  02/12/2025
<b>Name of Provider or Supplier</b>  West Hills Pediatrics	<b>Street Address, City, State</b>  974 Beaver Grade Road, Moon Township, PA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5807</b>	<p>TEST REPORT CFR(s): 493.1291(d)</p> <p>(d) Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient test reports and interview with the medical assistant (MA), the laboratory failed to include pertinent reference intervals/normal values on 1 of 1 patient test report when microbiology test results were reported from 03/10/2023 to the day of survey. Findings include: 1. On the day of survey 02/12/2025 at 10:30 am, review of 1 of 1 patient test report revealed the laboratory failed to include pertinent reference intervals/normal values for the following microbiology test results reported from 03/10/2023 to 02/12/2025: - Bacteria culture screen (throat culture) 2. The laboratory reported 170 bacteria cultures were performed annually. (CMS 116) 3. The MA confirmed the findings above on 02/12/2025 at 11:40 am.</p>