Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D1018102	11/01/2018
Name of Provider or Supplier	**Street Address, City, State**	
Hca Health Services Of Tennessee	200 Stonecrest Blvd, Smyrna, TN	

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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Based on a review of three of six pathology patient's records and an interview with the laboratory director, the laboratory failed to ensure the correct laboratory name were noted for the professional component (location where the case reviewed) for pathology reports from 2016-2018. Findings include: 1. Review of six of six patient's records revealed the pathology test reports for fine needle aspirations had the professional component incorrectly documented as a lab location other than Stonecrest Medical Center. 2. In an interview, on November 1, 2018, at 10:00am, with the laboratory director confirmed a lab location other than Stonecrest Medical Center's name for the professional component location for 3 of 6 test reports were on the patient's records audited during the survey for the period 2016-2018.