

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D2009241	(X3) Date Survey Completed 04/13/2022
Name of Provider or Supplier Urology Associates, Pc- Dickson	Street Address, City, State 111 Highway 70 East, Suite 104, Dickson, 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	<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 review of final patient test reports for urine microscopy and interview with the technical consultant, the final patient test report failed to include the address where the testing was performed for three of three patient reports reviewed from 2021 and 2022. The findings include: 1. Review of final patient urine microscopic test reports revealed the address of the facility where the test was performed was not indicated on the report for three of three reports reviewed (patient number 246140 reported on 04.08.21, 1598950 reported on 09.23.21, N188247 reported on 02.09.22.) 2. Phone interview with the technical consultant on 04.14.22 at 10:20 a.m. confirmed the final patient urine microscopic reports did not include the address where the testing was performed for three of three patients in 2021 and 2022.</p>