Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D2096923	03/20/2019
Name of Provider or Supplier	**Street Address, City, State**	
Tennessee Oncology, Pllc	1208 Point Drive Ste 110, Chattanooga, 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 a facility change of address letter dated 11/13/18, review of 2017-2018 patient test reports and an interview with the lab lead tech, the laboratory failed to identify the address of the laboratory location on five of five test reports where laboratory tests were performed. Findings include: 1. Review of a facility change of address letter signed by the current lab director revealed UT Erlanger Oncology Hematology East, CLIA 44D2096923 at 1751 Gunbarrel Road Suite 101 until there move on 11/13/18 to the current address of 1635 Gunbarrel Road Suite 300, Chattanooga, TN 37421. 2. Review of patient test reports revealed 5 of 5 reports (4/3/17, 6/1/17, 9/11/17, 11/10/17, and 2/19/18) missing the address for laboratory location where testing were performed at 1751 Gunbarrel Road Suite 101. 3. In an interview, on March 20, 2019, at approximately 10:30am, the lab lead tech stated that the five laboratory reports did not include the address of the testing location for 2017-2018.
D6075	TESTING PERSONNEL RESPONSIBILITIES CFR(s): 493.1425(b)(6)

	Each individual performing moderate complexity testing must document all corrective actions taken when test systems deviate from the laboratory's established performance specifications. This STANDARD is not met as evidenced by: Based on a review of the 2018 quality control (QC) records for Complete Blood Count (CBC) and an interview with the lead lab tech, the laboratory testing persons (TP) failed to document corrective action taken for QC in February 2018. Findings include: 1. Review of the QC records for February 2018 revealed the Low Control (Lot # 068700 expiration date 3-26-2018) was repeated at 8:27am on 2/5/18 without an explanation of the corrective action taken by the lab tech. 2. In an interview, on March 20, 2019, at approximately 10:35am, the lab lead tech stated the repeated Low Control on 2/5/18 at 8:27am did not include documented corrective action taken for the QC failure.