

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D2280418	(X3) Date Survey Completed 02/28/2024
Name of Provider or Supplier Arthritis Associates, PLLC	Street Address, City, State 1035 Executive Dr, Hixson, 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 patient test reports and interview with the laboratory lead, the laboratory failed to include the test report date on final patient test reports in 2023 and 2024. The findings include: 1. Review of final patient test reports for patient numbers 47715 from 10.16.2023 and 58093 from 01.17.2024 revealed the test report date was not on the report. 2. A subsequent phone interview with the laboratory lead on February 28, 2024, at 9:00 a.m. confirmed that the laboratory failed to include the report date on final patient test reports in 2023 and 2024.</p>