

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0505441	(X3) Date Survey Completed 08/03/2021
Name of Provider or Supplier Southwest Skin And Vein Center Pllc	Street Address, City, State 4419 Frontier Trail Suite 110, Austin, TX	
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 the testing logs, patient charts, and interview, the laboratory failed to ensure the test result was recorded into the patient's chart for 1 of 13 test reports reviewed. Findings follow. 1. Review of the Mycology and Parasitology Test Log showed: a. Patient tested on 12/11/2020 tested negative by KOH (Potassium Hydroxide) prep for fungal elements. 2. Review of the patient chart for MRN 89295 on 12/11/2020 showed the KOH test was not reported. 3. Interview with the Laboratory Director on August 3, 2021 at 1540 hours in the laboratory confirmed the KOH test was performed but not recorded in the patient's chart. KEY: MRN = Medical Record Number</p>