

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D1061366	(X3) Date Survey Completed 02/22/2021
Name of Provider or Supplier Epiphany Dermatology, Pa	Street Address, City, State 310 S Mesa Hills, Suite B, El Paso, 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 Mycology testing logs, patient chart, and interview, the laboratory failed to ensure the test result was reported into the patient's chart for 1 of 4 KOH (Potassium Hydroxide) test reports reviewed. Findings follow. Review of the Mycology Log testing records showed MRN 337996 was tested on 1/25/2021 and was negative for fungal elements. Review of the Visit Note in the patient's chart showed the test was not reported. Interview with the Laboratory Director on February 22, 2021 at 1600 hours in the laboratory confirmed the KOH result was not recorded in the patient's chart. KEY: MRN = Medical Record Number</p>