

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2067181	<b>(X3) Date Survey Completed</b>  09/13/2022
<b>Name of Provider or Supplier</b>  Vitalogy Skincare DbA (Southwest)	<b>Street Address, City, State</b>  5625 Eiger Rd Ste 105, Austin, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5805</b>	<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, the laboratory failed to include the correct name and address of the facility where the Mohs testing was performed for one of ten reports reviewed. Findings follow. A. Review of ten test reports showed one had the following name and address for the Mohs testing- Vitalogy Skincare SM, 1320 Wonder World Drive Suite 108, San Marcos, TX 78666-7558: 1. MRN: 186996 on 06/10/2022. B. Interview with the Clinic Manager on September 13, 2022, at 1455 hours in the office acknowledged it was a MA error in selecting the correct facility or changing the facility where the patient was last seen, and it was also not caught by the billing department. KEY: MRN - Medical Record Number MA - Medical Assistant</p>