Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2202572	08/23/2022
Name of Provider or Supplier	**Street Address, City, State**	
Midgi, Llc	4500 Ratliff Lane Ste 119, Addison, 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
D0000	Noted deficiencies and plans of correction were discussed with the laboratory representatives at the entrance and exit conferences. The facility representatives were given an opportunity to provide evidence of compliance with the noted deficiency, and no such evidence was provided prior to survey exit. The facility was found to be in compliance with applicable Conditions of Participation in the CLIA program, and certification is recommended. Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.
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 review of patient test reports, and staff interview it was revealed the laboratory failed to have documentation of documenting the laboratory that performed the grossing of specimens. The findings include: 1. A sampling of patient reports from September 2021 to February 2022 identified 5 of 5 patient reports which did not have

	the name and address of the laboratory performing the grossing identified on the report. The facility performed the grossing and sent the slides for reading to the laboratory whose name and address were on the report. The reports reviewed were: a) date: 09/01/2021 Accession number: MC21-00384 b) date: 10/01/2021 Accession number: MC21-00530 c) date: 12/24/2021 Accession number: MC21-00992 d) date: 01/14/2022 Accession number: MC22-00079 e) date: 02/17/2022 Accession number: MC22-00232 2. The laboratory was asked to provide documentation of providing the name and address of the grossing laboratory on the final report. No documentation was provided. 3. An interview with testing personnel number 2 (as listed on Form CMS 209) on 08/23/2022 at 1140 hours in the receiving area - after her review of the records- confirmed the findings.