

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0525629	(X3) Date Survey Completed 11/12/2019
Name of Provider or Supplier Revere Health Scip Lab	Street Address, City, State 555 W Sr 164 Suite 105, Salem, UT	
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 patient test reports reviewed and interview with staff, the laboratory failed to ensure the name and location of the laboratory where tests are performed was included on the report for 18 of 18 reports reviewed. Findings include: 1. Patient test reports review included the location as 97 Professional Way, Payson, UT. The laboratory location is 555 W SR 164 Suite 105, Salem, UT. 2. In an interview with staff on 11/12/2019 at approximately 4:45 P.M. staff confirmed the test report included the Payson address as the header of the test report. Staff stated no testing was reported from the Payson location for the 18 test reports reviewed.</p>