Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D1042850	(X3) Date Survey Completed 01/14/2019
Name of Provider or Supplier Valley Behavioral Health	**Street Address, City, State** 4460 South Highland Dr, Salt Lake City, 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	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 patient test report review, direct observation, and interview with staff, the laboratory report failed to include the correct specimen for 2 of 4 tests performed, (complete blood count [CBC] and Hemoglobin A1C tests). The laboratory performed approximately 8,800 hematology tests per year. Findings include: 1. The patient test reports reviewed for patients tested on 03/12/2018, 04/20/2018, 07/19/2018, and 01/03/2019 stated the sample was a serum specimen. 2. Direct observation of CBC testing on 01/14/2018 at approximately 9:30 A.M. the surveyor observed testing being performed using whole blood samples. 3. In an interview with the laboratory staff on 01/14/2019 at approximately 5:00 P.M. staff confirmed the test report stated all tests on the report were from serum samples.