| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 46D2137205 | 03/20/2018 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Aspen Dermatology | 753 S 1040 W, Payson, 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<br>CFR(s): 493.1291(c)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on histopathology test report review and interview with staff, the laboratory test report failed to include the address of the laboratory location where testing was performed for 3 of 3 test reports reviewed from 10/17/2017 - 02/15/2018. Finding include: 1. The histology test report for Mohs cases 17-10-09, 17-12-11, and 18-02-06 lists the testing laboratory location as 123 North 500 East Payson, UT 84651. 2. Staff confirmed on 03/20/2018 at approximately 12:00 pm testing had been performed onsite at 753 South 1040 West Payson, UT 84651. |