

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0365804	(X3) Date Survey Completed 11/26/2019
Name of Provider or Supplier Forum Medical Clinics, Pc	Street Address, City, State 25625 Schoenherr Road, Warren, MI	
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 record review and interview with the Technical Consultant (TC), the laboratory failed to correctly report a test results for 1 (#5) of 10 patient charts audited. Findings include: 1. Record review for 1 of 10 patient charts audited revealed the folate result tested on 10/17/19 did not correlate with the instrument printout. 2. The instrument print out showed a result of 22.40 with the flag OVR (above highest calibration value). The final lab report did not show the result to be >22.40. 3. During the interview on 11/20/19 at 2:30 pm, the TC acknowledged the final report failed to include the (>) greater than sign before the numerical value.</p>