

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0366207	(X3) Date Survey Completed 03/22/2022
Name of Provider or Supplier Pediatric Consultants Of Troy	Street Address, City, State 633 E South Blvd, Rochester Hills, 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
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interviews, the laboratory failed to establish policies and procedures to ensure positive identification of patient specimens at the time of collection for 2 (March 2020 to March 2022) of 2 years. Findings include: 1. The surveyor observed Testing Personnel #3 (TP3) perform a capillary blood collection for Complete Blood Count (CBC) testing on 3/22/22 at 10:08 am. TP3 had a plastic cup labeled with the patient first name and medical record number prior to entering the patient room. TP3 did not verify the patient prior to collecting the sample for testing. 2. TP3 confirmed the patient was not verified during the collection of the patient sample on 3/22/22 at 10:08 am. 3. A review of the laboratory's policies and procedures revealed a lack of a policy to ensure positive identification of patient specimens. 4. An interview on 3/22/22 at 11:10 am with the clinical manager confirmed the laboratory did not establish policies and procedures to ensure positive patient identification of patient specimens.</p>