

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0367552	(X3) Date Survey Completed 05/14/2025
Name of Provider or Supplier Michigan Healthcare Professionals P C	Street Address, City, State 2011 Middlebelt Road, Garden City, 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>(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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with the Medical Assistant (MA), the laboratory failed to indicate the laboratory location on the patient test report for 8 of 8 patients reviewed. Findings include: 1. A record review of patient test reports revealed the name and address of the laboratory was not listed for the following reports: a. Patient 1: 04/30/2025 b. Patient 2: 12/31/2024 c. Patient 3: 09/30/2024 d. Patient 4: 06/28/2024 e. Patient 5: 02/29/2025 f. Patient 6: 11/30/2023 g. Patient 7: 08/31/2023 h. Patient 8: 06/30/2023 2. An interview on 05/15/2025 at 11:23 am with the MA confirmed the location of the laboratory was not listed on the patient test reports.</p>