Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0367764	(X3) Date Survey Completed 05/04/2022
Name of Provider or Supplier Medical Group Practice Pc	**Street Address, City, State** 9460 Middlebelt Road, Livonia, 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
D5801	TEST REPORT CFR(s): 493.1291(a) The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations. This STANDARD is not met as evidenced by: . Based on record review and interview with the Technical Consultant (TC), the laboratory failed to ensure test results were accurately transferred to the patient test report for 1 (Patient 762) of 14 patient test records reviewed. Findings include: 1. A review of the laboratory testing results for Patient 762, tested on 6/10/2021, revealed a thyroid stimulating hormone (TSH) result of 1.4. 2. A review of the final test report in Patient 762 chart revealed the results for the TSH was 2.7. 3. An interview on 5/04 /2022 at 10:34 am with the TC confirmed the patient test report had the incorrect patient test result listed.