

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D0679721	<b>(X3) Date Survey Completed</b>  04/19/2023
<b>Name of Provider or Supplier</b>  Mymichigan Medical Center Town Centre Lab	<b>Street Address, City, State</b>  4599 Towne Centre Road, Saginaw, MI	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by:                      . Based on record review, lack of documentation, and interview with Technical Consultant (TC) #1, the laboratory failed to verify the chemistry Beta Hydroxybutyrate (BHOB) test at least twice annually for 1 (2022) of 2 years reviewed. Findings include: 1. A review of the laboratory's twice annual verification of accuracy documents revealed a lack of documents for 1 (2022) of 2 years of testing. 2. The surveyor requested verification of accuracy documentation for testing performed in 2022 on 4/19/2023 at 11:26 am and it was not made available. 3. An interview on 4/19/2023 at 11:26 am TC#1 confirmed the laboratory had not verified the accuracy in 2022.</p>