

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D0682375	<b>(X3) Date Survey Completed</b>  01/17/2023
<b>Name of Provider or Supplier</b>  Cancer Care Associates, P C	<b>Street Address, City, State</b>  3577 W Thirteen Mile Road, Suite 404, Royal Oak, 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>D5301</b>	<p>TEST REQUEST CFR(s): 493.1241(a)</p> <p>The laboratory must have a written or electronic request for patient testing from an authorized person.</p> <p>This STANDARD is not met as evidenced by:</p> <p>. Based on record review and interview with the Laboratory Manager, the laboratory failed to have a test request for testing ordered by providers outside the laboratory's practice for 1 (Patient #6) of 13 patient test records reviewed. Findings include: 1. A review of the laboratory's patient test reports revealed Patient #6 had the following testing performed on 5/26/22: a. Complete Blood Count b. Complete Metabolic Panel c. Lactate Dehydrogenase d. Iron e. Ferritin 2. A review of the laboratory's patient test requests revealed a lack of test request for Patient #6's testing performed on 5/26/22. 3. An interview on 1/17/23 at 9:59 am with the Laboratory Manager revealed Patient #6 had testing ordered from a provider outside of the laboratory's practice and a process to enter the test requests into the laboratory's system had not been established.</p>