Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 23D0857705	**(X3) Date Survey Completed** 07/20/2021
Name of Provider or Supplier Family Care Physicians	**Street Address, City, State** 39500 W 10 Mile Road Ste 100, Novi, 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	TEST REPORT CFR(s): 493.1291(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. This STANDARD is not met as evidenced by: . Based on record review and interview with the Technical Consultant, the laboratory failed to correct positive patient identification between the test report and the patient's medical record for 1 (Patient 120) of 10 patient test records reviewed. Findings include: 1. A review of the laboratory's patient test records revealed Patient 120 had a date of birth, used for positive patient identification, with the year 1982 listed on the Complete blood Count test report from testing performed on 2/10/20. 2. A review of Patient 120's medical record revealed the patient's date of birth year was 1992. 3. An interview on 7/20/21 at 10:26 am with the Technical Consultant confirmed Patient 120 had an incorrect date of birth listed on the test report.