

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0863880	(X3) Date Survey Completed 06/19/2021
Name of Provider or Supplier M H Al-Midani Md	Street Address, City, State 4050 Walli Strasse Dr, Burton, 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
D5217	<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 and interview with the Laboratory Director (LD), the laboratory failed to verify the accuracy of the histopathology testing at least twice annually for 2 (6/2019 to 6/2021) of 2 years reviewed. Findings include: 1. A review of the laboratory's records revealed a lack of documentation of histopathology verification of accuracy testing as follows: a. 2019 - lack of documentation for June-December 2019 b. February-December 2020 c. January-June 2021 2. An interview on 6/19/2021 at 11:41 am with the LD, he confirmed he did not have documentation of histopathology verification of accuracy testing twice a year for 2019-2021.</p>