

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0876614	(X3) Date Survey Completed 01/22/2026
Name of Provider or Supplier Saginaw County Health Department	Street Address, City, State 1600 N Michigan Avenue, Saginaw, 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
D0000	A recertification survey was conducted on 1/22/2026 and a standard level deficiency was cited.
D5417	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.</p> <p>This STANDARD is not met as evidenced by: Based on review of control log sheets, client log sheets, and interview with the testing person, the laboratory failed to ensure positive control for wet mount quality control (QC) was not expired for 14 of 41 days in 2025. Findings included: 1. Review of wet mount control log sheets from 3/2025 through 5/2025 included expired positive control QC in 4/2025, lot number 1784, expiration date "03/03/25" (note: 3/2025 QC was not expired). The laboratory used the QC past the expiration date for 14 days in 4/2025: 4/3/2025 - 4/6/2025, 4/11/2025 - 4/13/2025, 4/18/2025 - 4/21/2025, 4/25/2025 - 4/27/2025. 2. Review of the "CLIENT LOG SHEETS" with patient wet mount results from 4/2025 included 11 patients. 3. During an interview on 1/22/2026 at 11:45 am, the testing person stated the QC expiration date was most likely a typo.</p>