Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D0962469	10/30/2023
Name of Provider or Supplier	**Street Address, City, State**	
Macomb Physicians Group Pllc	8244 Metro Parkway Suite C, Sterling Heights, 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 Practice Manager, the laboratory failed to accurately document the test report date on patient test report for 2 (Patients 6 and 10) of 12 patient test reports reviewed. Findings include: 1. A review of the laboratory's patient test reports revealed the following: a. Patient 6's test report for their Prostate Specific Antigen testing indicated the test report date was 9/27/23. b. Patient 10's test report for their Thyroid Stimulating Hormone (TSH) and Lipid panel testing indicated the test report date was 10/24/23. 2. A review of the laboratory's testing logs revealed the following: a. Patient 6 had a lack of test results recorded on 9 /27/23 and had their testing recorded on 9/29/23. b. Patient 10 had a lack of test results recorded on 10/24/23 and had their testing recorded on 10/27/23. 3. An interview on 10/30/23 at 11:45 am with the Office Manager confirmed the patient test reports indicated above did not have the correct test report date.
D5821	TEST REPORT CFR(s): 493.1291(k) When errors in the reported patient test results are detected, the laboratory must do the

	following: (k)(1) Promptly notify the authorized person ordering the test and, if applicable, the individual using the test results of reporting errors. (k)(2) Issue corrected reports promptly to the authorized person ordering the test and, if applicable, the individual using the test results. (k)(3) Maintain duplicates of the original report, as well as the corrected report. This STANDARD is not met as evidenced by: . Based on record review and interview with the Practice Manager, the laboratory failed to issue corrected reports for 38 patients with inaccurate test reports. Findings include: 1. A review of the laboratory's "Macomb Physicians Group Patient Review" document revealed a total of 38 patients had inaccuracies in their test results reported. 2. A review of 4 (Patients 7, 8, 9, and 12) of the 38 patient test reports revealed a corrected test report had not been generated and issued to the authorized person or individual using the test results. 3. An interview on 10/30/23 at 10:06 am with the Practice Manager confirmed corrected reports for the 38 patients with inaccurate test reports did not have corrected reports generated and the information was attached as a note.