Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D0962747	05/30/2018
Name of Provider or Supplier	**Street Address, City, State**	
Park Family Health Care Pc	29600 Wixom Road, Wixom, 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
D5301	TEST REQUEST CFR(s): 493.1241(a) The laboratory must have a written or electronic request for patient testing from an authorized person. This STANDARD is not met as evidenced by: . Based on document review and interview, the laboratory failed to have a written request for the hematology patient testing from an authorized person for three (#2, #5, and #8) of nine patient charts audited. Findings include: 1. On May 30, 2018 at 11:30 AM, document review for three (#2, #5, and #8) of nine patient charts audited did not have a written request for the hematology complete blood cell count testing by an authorized person in the patient's paper chart. 2. During the interview on May 30, 2018 at 11:30 AM, the laboratory director as listed on the CMS-209 confirmed a written request for the hematology testing was not present in the patient's chart.