

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0998123	(X3) Date Survey Completed 08/11/2025
Name of Provider or Supplier Oakland Family Practice	Street Address, City, State 1385 E 12 Mile Road Suite 100, Madison 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
D2128	<p>HEMATOLOGY CFR(s): 493.851(e)</p> <p>(e)(1) For any unsatisfactory analyte or test performance or testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unacceptable analyte or testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the proficiency testing event.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview with the Technical Consultant (TC), the laboratory failed to perform and document corrective action for unacceptable test scores for 1 (Event 1 of 2025) of 6 proficiency testing events reviewed. Findings include: 1. A record review of the laboratory's American Association of Bioanalytic Medical Laboratory Evaluation (AAB -MLE) proficiency testing scores for Event 1 (M1) of 2025 (2/3/2025) revealed the following: a. Analyte RBC (0775), unacceptable, testing event score 60 % b. Analyte HCT (0785), unacceptable, testing event score 60% 2. A review of the laboratory's policy titled "PROFICIENCY TESTING POLICY" revealed in the last sentence, "In the event of a discrepancy or error with the P.T. results, the proper forms are to be filled out, signed by the lab director, and followed up with after each Proficiency Testing. These forms are kept on file for 2 years or 4 years if any failures." 3. On 08/11/2025 at 11:05 a.m., an interview was conducted with the TC regarding corrective action documentation. The TC acknowledged that corrective action documentation had not been completed for the identified unacceptable test scores.</p>