Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 23D1032213	**(X3) Date Survey Completed** 02/22/2022
Name of Provider or Supplier Michigan Healthcare Professionals Pc	**Street Address, City, State** 27900 Grand River Suite 220, Farmington Hills, 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**
D5411	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a) Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253. This STANDARD is not met as evidenced by: . Based on observation and interview with the Technical Consultant (TC), the laboratory failed to follow the manufacturer's expiration date on the ThermoScientific thermometer located in the main laboratory for 8 months (6/29/2021 to 2/22/2022) of 2 years in use. Findings include: 1. During a tour of the laboratory on 2/22/2022 at 9: 37 am the surveyor documented into their notes the expired thermometer serial number and expiration date. 2. When queried on 2/22/2022 at 9:52 am, the TC was not aware that the thermometer had expired and still in use for 8 months (6/29/2021 to 2/22/2022) of 2 years. 3. An interview on 2/22/2022 at 9:52 am, the TC confirmed the thermometer had expired and a new thermometer was put into use.