

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D1037323	(X3) Date Survey Completed 09/27/2021
Name of Provider or Supplier Dearborn Surgery Center	Street Address, City, State 18100 Oakwood Blvd Suite 100, Dearborn, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview with the Laboratory Director (LD), the laboratory failed to verify the accuracy of the frozen section tissue microscopic slide examination for two of two years reviewed. Findings include: 1. Record review of the "Pathologist Diagnosis Verification" log revealed for two (9/2019 to 9/2021) of two years reviewed, the cases reviewed by the Pathologists were not the in-house frozen section cases. 2. On 9/27/2021 at 9:33 am, the surveyor requested the laboratory's verification of accuracy documentation for the frozen section slide examinations and it was not made available. 3. An interview on 9/27/2021 at 9:33 am, the LD confirmed the laboratory did not have verification of accuracy documentation for the frozen section tissue microscopic slide examinations performed in-house.</p>
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>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.</p>

This STANDARD is not met as evidenced by:

. Based on record review and interview with the Laboratory Director (LD), the laboratory failed to include the address of the laboratory location where testing was performed on the Surgical Pathology Report and the Anatomical Pathology Reports for five of five case reports reviewed. Findings include: 1. A record review of Surgical and Anatomical Pathology Reports revealed the address was missing from the final report for five (one to five) of five reports reviewed as follows: a. Surgical Pathology Reports - address missing on report number two to four b. Anatomical Pathology Reports - address missing on report number one and five 2. An interview on 9/27 /2021 at 12:30 pm, the LD confirmed the address of the testing laboratory was not included on the final Surgical and Anatomical Pathology Reports.