

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2045786	(X3) Date Survey Completed 07/11/2023
Name of Provider or Supplier American Health Associates	Street Address, City, State 39205 Country Club Drive Suite C30, 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
D0000	The purpose of this unannounced survey was for complaint #MI00135038. The Department of Licensing and Regulatory Affairs has evaluated this facility and determined that it is in compliance with CLIA regulations (42 CFR Part 93, effective April 24, 2003).