

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2046929	(X3) Date Survey Completed 05/12/2025
Name of Provider or Supplier Fairview Pathology	Street Address, City, State 17000 Executive Plaza Suite 202, 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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: . Based on observation and interview with the Laboratory Director (LD), the laboratory failed to perform timer calibration checks as required by the manufacturer before the expiration date for 1 of 1 timer (s) in use. Findings include: 1. During a tour of the laboratory on 05/12/2025 at 12:20 pm, the surveyor observed a Traceable timer in use with an expiration date of 04/23/2023. 2. A record review of the laboratory procedure manual revealed the lack of a maintenance procedure for timer calibrations and/or replacement of timers prior to expiration date. 3. An interview on 05/12/2025 at 3:00 pm, with the LD confirmed the timer was not calibrated and/or replaced before the date of expiration. ***Repeat Deficiency from the 3/16/2023 and 08/21/2021 Survey***</p>