

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2080840	(X3) Date Survey Completed 12/20/2021
Name of Provider or Supplier Rochester Primary Care	Street Address, City, State 1349 S Rochester Rd Ste 100, Rochester 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
D5803	<p>TEST REPORT CFR(s): 493.1291(b)</p> <p>Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview with Testing Personnel #1 (TP1), the laboratory failed to provide test reports maintained as part of the patients' chart for 2 (Patients #1 and #2) of 10 patient test reports reviewed. Findings include: 1. A review of the laboratory's Complete Blood Count (CBC) patient test reports revealed the following patients did not have test reports available as part of their patient charts: a. Patient 1, tested on 12/3/21 b. Patient 2, tested on 10/4/21 2. An interview on 12/20/21 at 10:15 am with TP1 confirmed the laboratory did not provide test reports maintained as part of the patients' charts for the patients listed above. ***This is a repeated deficiency from the 12/23/19 recertification survey***</p>