Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2091013	(X3) Date Survey Completed 05/19/2025
Name of Provider or Supplier Platinum Management Llc	**Street Address, City, State** 5250 Auto Club Drive, Suite 170, 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
D5801	TEST REPORT CFR(s): 493.1291(a) (a) The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations. This STANDARD is not met as evidenced by: . Based on record review and interview with testing personnel #2, the laboratory failed to ensure its activated clotting time (ACT) testing results were reported and documented as part of the test report for two (Patients #3 and #4) of nine patient test reports reviewed. Findings include: 1. A review of the laboratory's "Movi Preference Card ACT Testing" patient testing logs revealed the following patients received ACT testing: a. Patient #3 received an ACT test on 11/19/24 with a result of 178. b. Patient #4 received an ACT test on 9/14/24 with a result of 140. 2. A review of the laboratory's test reports for Patients #3 and #4 listed above lacked ACT testing results. 3. An interview on 5/19/25 at 10:00 am with testing personnel #2 confirmed ACT testing results for the patients listed above were not documented on the test reports.