

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D2123321	<b>(X3) Date Survey Completed</b>  07/02/2025
<b>Name of Provider or Supplier</b>  Serenity Pediatrics	<b>Street Address, City, State</b>  71 E Long Lake Road, Bloomfield Hills, MI	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5293</b>	<p><b>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT</b> CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with Clinic Manager (CM), the laboratory failed to follow established general laboratory systems quality assessment policies and procedures for 2 (January-March 2025, April-June 2025) of 8 quarters reviewed. Findings include: 1. A record review of the laboratory's Quality Assurance Quarterly Checklists and revealed missing documentation for 2 quarters in 2025 (January-March 2025, April-June 2025). 2. A record review of the laboratory's Quality Assurance Patient Chart Reviews revealed missing documentation for 2 quarters in 2025 (January-March 2025, April-June 2025). 3. A record review of the laboratory's Quality Assurance Plan revealed in the section titled "Plan," in bullet 2, "QA monitoring is performed by the lead testing person or by his/her designee as directed on a quarterly basis or more often as needed." 4. An interview on 7/2/2025 11:30 am with the Clinic Manager confirmed missing documentation.</p>