

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D2158018	<b>(X3) Date Survey Completed</b>  01/13/2020
<b>Name of Provider or Supplier</b>  Prism Lab Llc	<b>Street Address, City, State</b>  850 Ladd Rd Building B, Walled Lake, 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>D5301</b>	<p>TEST REQUEST CFR(s): 493.1241(a)</p> <p>The laboratory must have a written or electronic request for patient testing from an authorized person.</p> <p>This STANDARD is not met as evidenced by:                      . Based on record review and interview with General Supervisor #2 (GS2), the laboratory failed to have a test request for patient testing for 7 (patients #1-#7) of 7 patients reviewed. Findings include: 1. A record review of patient test requests revealed patients #1-#7 did not have orders indicated on the test request submitted to the laboratory upon receipt of the specimens. 2. A record review of patient test results revealed patients #1-#7 had toxicology test reports generated for the test requests submitted without testing indicated for the laboratory to perform. 3. An interview on 1/13/2020 at 1:48 pm with GS2 confirmed the patient specimens submitted to the laboratory did not have tests indicated to perform on the test request and the laboratory does not have a standing order policy established. ***Repeat Deficiency from 11/07/2019 survey***</p>