

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2163391	(X3) Date Survey Completed 05/19/2022
Name of Provider or Supplier Access Behavioral Care	Street Address, City, State 24714 Michigan Avenue, 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
D5301	<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 the Laboratory Director, the laboratory failed to have test request from an authorized person for urine qualitative toxicology testing for 10 (Patients 38170, 26590, 38300, 22470, 37970, 28520, 38170, 37950, 39600, and 37400) of 10 patient test reports reviewed. Findings include: 1. A review of patient test records revealed the following patients had qualitative urine toxicology testing performed and a lack of a test request: a. Patient 38170, performed on 04/09/2022 b. Patient 26590, performed on 02/25/2022 c. Patient 38300, performed on 12/19/2021 d. Patient 22470, performed on 09/18/2021 e. Patient 37970, performed on 07/26/2021 f. Patient 28520, performed on 06/05/2021 g. Patient 38170, performed on 04/17/2021 h. Patient 37950, performed on 02/21/2021 i. Patient 39600, performed on 12/19/2020 j. Patient 37400, performed on 10/05/2020 2. An interview on 5/19/22 at 12:03 pm with the Laboratory Director revealed the laboratory did not utilize test requests for its qualitative urine toxicology testing and test requests were not available. **This is a repeated deficiency from the 12/7/20 initial survey**</p>