Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D2163391	07/08/2024
Name of Provider or Supplier	**Street Address, City, State**	
Access Behavioral Care	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
D3007	FACILITIES CFR(s): 493.1101(b) The laboratory must have appropriate and sufficient equipment, instruments, reagents, materials, and supplies for the type and volume of testing it performs. This STANDARD is not met as evidenced by: . Based on observation and interview with the Technical Consultant, the laboratory failed to have an EasyRA Surfactant Kit to perform its qualitative urine toxicology testing. Findings include: 1. The surveyor observed the laboratory's EasyRA qualitative urine toxicology test system and reagents on 7/8/24 at 10:28 am and noticed a lack of EasyRA Surfactant which is added to reagent-grade water to be used as the diluent. 2. An interview on 7/8/24 at 11:10 am with the Technical Consultant confirmed the laboratory did not have the EasyRA Surfactant in stock.
D5301	TEST REQUEST CFR(s): 493.1241(a) The laboratory must have a written or electronic request for patient testing from an authorized person. This STANDARD is not met as evidenced by: . Based on record review and interview with the Technical Consultant, the laboratory failed to have test requests for 10 (Patients 1-10) of 10 patient testing records reviewed. Findings include: 1. A review of 10 patient test records revealed the following patients received qualitative urine toxicology testing from the laboratory: a. Patient 1 had testing performed on 6/22/24. b. Patient 2 had testing performed on 4/19 /24. c. Patient 3 had testing performed on 1/18/24. d. Patient 4 had testing performed on 11/11/23. e. Patient 5 had testing performed on 9/30/23. f. Patient 6 had testing

	performed on 8/25/23. g. Patient 7 had testing performed on 7/21/23. h. Patient 8 had testing performed on 4/14/23. i. Patient 9 had testing performed on 12/22/22. j. Patient 10 had testing performed on 10/25/22. 2. An interview on 7/8/24 at 11:40 am with the Technical Consultant revealed the laboratory did not have test requests for the patients receiving testing listed above.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: . Based on observation and interview with Technical Consultant (TC), the laboratory failed to ensure Methadone Reagent was not used beyond the expiration date for one reagent observed. Findings include: 1. The surveyor observed one reagent wedge of Methodone reagent on instrument reagent carousel with an expiration date of 06/04 /2024. 2. An interview was conducted with the TC on 07/08/2024 at 10:40 am and confirmed that the reagent was expired. The TC indicated the last instrument run date for Methadone was 06/5/2024. 3. A review of patient testing data revealed a total of 21 patients had been tested since the Methadone reagent had expired.