

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2284987	(X3) Date Survey Completed 09/23/2025
Name of Provider or Supplier Comprehensive Gi Solutions Plc	Street Address, City, State 29995 W 12 Mile Road Suite 347, Farmington Hills, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview with the laboratory director, the laboratory failed to verify the accuracy of its tissue specimen gross examinations at least twice annually for two (September 2023 to September 2025) of two years reviewed. Findings include: 1. A review of the laboratory's records revealed a lack of documentation of twice annual verification of accuracy for its tissue specimen gross examinations between September 2023 and September 2025. 2. An interview on 9/23 /25 at 11:30 am with the laboratory director confirmed verification of accuracy testing for the tissue specimen gross examinations was not performed.</p>