Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D2334266	09/15/2026
Name of Provider or Supplier	**Street Address, City, State**	
Yourpathologist, Pllc	2945 Turtle Pond Court, Bloomfield 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
D5291	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236. This STANDARD is not met as evidenced by: . Based on record review and interview with the laboratory director (LD), the laboratory failed to establish written policies and procedures for an ongoing quality assessment mechanism to monitor, assess, and, when indicated, correct problems identified in the laboratory's general laboratory systems for 4 (June 2026 - September 2026) of 4 months reviewed. Findings include: 1. A review of the laboratory's Policies and Procedures Manual, page 6, Section 13, "Quality Control and Corrective Action - General," revealed the laboratory had established a corrective action process; however, the procedure did not define: a. The activities or indicators to be monitored. b. The frequency of monitoring. c. The method used to assess the monitored activities. d. Documentation of the monitoring and assessment. e. Follow-up to determine the effectiveness of corrective action when problems are identified. 2. During an interview on 09/15/2026, at 11:15 AM, the LD confirmed that an ongoing quality assessment monitoring system addressing the above elements had not been established.
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) (b) The procedure manual must include the following when applicable to the test procedure: (b)(1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for

	specimen acceptability and rejection as described in 493.1242. (b)(2) Microscopic examination, including the detection of inadequately prepared slides. (b)(3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (b)(4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (b)(5) Calibration and calibration verification procedures. (b)(6) The reportable range for test results for the test system as established or verified in 493.1253. (b)(7) Control procedures. (b)(8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (b)(9) Limitations in the test methodology, including interfering substances. (b)(10) Reference intervals (normal values). (b)(11) Imminently life-threatening test results, or panic or alert values. (b)(12) Pertinent literature references. (b)(13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (b)(14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: . Based on record review and interview with the laboratory director (LD), the laboratory failed to establish written procedures addressing the retention, storage, and retrieval of cytology and histopathology slides maintained by an external entity for all cytology and histopathology testing for 4 (June 2026 - September 2026) of 4 months reviewed. Findings include: 1. A review of the laboratory's Policies & Procedures Manual, page 5, Section 11, "Completed Slide Return and Record Security," revealed the procedure did not include: a. The required retention periods for cytology and histopathology slides. b. The responsibility and location for storage of the slides after they are returned to the external entity. c. The process by which the surveyed laboratory requests and retrieves retained slides from the external entity responsible for storage when the slides are needed for review. 2. During an interview on 09/15 /2026, at 11:15 AM, the LD confirmed the above missing elements were not included in the laboratory's written policies and procedures.