Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	01D2109323	07/14/2026
Name of Provider or Supplier	**Street Address, City, State**	
Naaman Clinic	1722 Pine Street, Suite 400, Montgomery, AL	

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
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Based on the Post Analytical reviews of the Surgical Map, the Visit Note and an interview with the Mohs Technician, the laboratory failed to ensure the Accession Number assigned to the patient was preserved for the entire visit. The surveyor noted one of the five patients selected and reviewed from October 2024 to July 2026, did not have the same Accession Number listed on the Surgical Map and the Visit Note reports in 2024. Findings include: 1. A review of the Surgical Map and the Visit Note for MRN 22886 revealed there were two different Accession Numbers for these reports. 2. A further review of MRN 22886, patient date of service, December 16, 2024, had the following Accession Numbers. A) Surgical Map Report, M24-643 B) Visit Note Report, M23-643 3. The MOHS Technician confirmed the above findings during the exit conference on 07-14-2026 at 1PM.
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by: Based on review of the Cryostat maintenance logs, patient history records and an

	interview with the MOHS Technician, the laboratory failed to document Cryostat monthly maintenance as indicated on the maintenance log form. The surveyor noted 3 out of the 21 months reviewed from October 2024 to June 2026 had no documentation of the monthly maintenance for the two cryostat utilized in the laboratory. The findings include: 1. A review of the Leica CM 1850 and Micron HN 520 Cryostat maintenance logs revealed no documentation of the required monthly maintenance for three months in 2024. 2. A further review of the maintenance logs for both cryostats revealed places to document the following required monthly maintenances. A) Thermometer Check B) Moving Components C) Clean Air Filter D) Defrost Machine 3. A review of the patient history records revealed 164 patients were performed when the monthly maintenance was not documented. 4. The MOHS Technician confirmed the above findings during the exit conference on 07-14-2026 at 1PM.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) (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 postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by: Based on the Post Analytical reviews of the Surgical Map, the Visit Note and an interview with the Mohs Technician, the laboratory failed to ensure the Quality Assessment Program was able to monitor and detect inaccuracies on test report information. The surveyor noted two of the five patients selected from October 2024 to July 2026 did not have the same diagnosis on the Surgical Map and Visit Note. Findings include: 1. A review of the Surgical Maps and the Visit Notes for Medical Record Numbers (MRN) 22886 and MM0000006616 revealed two different diagnoses between the Surgical Map and the Visit Notes. 2. A further review of MRN 22886 and MM0000006616 revealed the following dates and diagnoses. A) MRN 22886, Surgical Map Date of Service, 12/16/2024 had a diagnosis of Squamous Cell Carcinoma in Situ (SCCIS), Visit Note December 16, 2024, had a diagnosis of Squamous Cell Carcinoma (SCC) for PreOp and PostOp Diagnoses. B) MRN MM0000006616, Surgical Map Date of Service, 7/6/2026 had a diagnosis of Squamous Cell Carcinoma in Situ (SCCIS), Visit Note July 6, 2026, had a diagnosis of Squamous Cell Carcinoma (SCC) for PreOp and PostOp Diagnoses. 3. The MOHS Technician confirmed the above findings during the exit conference on 07-14-2026 at 1PM.