Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D0276369	04/04/2018
Name of Provider or Supplier	**Street Address, City, State**	
Brevard Skin & Cancer Center	1286 S Florida Ave, Rockledge, FL	

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
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(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 record review and interview, the laboratory quality assessment program failed to establish and follow a written policy to identify discrepancies in their patient logs, Mohs maps and operative reports. Findings: Review of the laboratories "Monthly Quality Assurance Checklist" did not include any evidence that a review of patient reports were conducted from April 4, 2016 to April 4, 2018. Review of the "Frozen Section Worksheet", "Mohs Map" and "Mohs Operative Report" showed that one out of five Mohs patients that were reviewed the diagnosis for the patient was inconsistent. The "Frozen Section Worksheet" listed the diagnosis of SCC (Squamous Cell Carcinoma) for Mohs patient #1. The "Mohs Map" listed the tumor type as SCC for Mohs patient #1. The "Mohs Operative Report" listed the "Pre-operative Diagnosis" and "Post-operative Diagnosis" as BCC (Basal Cell Carcinoma) for Mohs patient #1. During an interview on 4/04/18 at approximately 4:30 PM, the Supervisor acknowledged that the diagnosis was not the same on all three forms and that they were not currently monitoring patient reports for errors.