

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D2166853	(X3) Date Survey Completed 02/09/2022
Name of Provider or Supplier Orsini Surgical Dermatology	Street Address, City, State 1519 Legacy Circle, Naperville, IL	
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
D5311	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(a)</p> <p>The laboratory must establish and follow written policies and procedures for each of the following, if applicable: (1) Patient preparation. (2) Specimen collection. (3) Specimen labeling, including patient name or unique patient identifier and, when appropriate, specimen source. (4) Specimen storage and preservation. (5) Conditions for specimen transportation. (6) Specimen processing. (7) Specimen acceptability and rejection. (8) Specimen referral.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to establish written policies and procedures for processing referral patients requisitions. Findings include: 1. The laboratory procedures manual was reviewed. 2. The laboratory performed Mohs surgery procedures for the facility's patients and referral patients from other facilities. 3. On February 9, 2022 at 10:13 AM during a tour of the laboratory, Staff-BO stated the facility received referral patients via Fax or by phone from the patient's Dermatologist. Once the facility receives an electronic Intake form with the Pathology Report of the patient's Biopsy, the Preliminary patient visit is scheduled. 4. Review of the manual revealed the process described in findings #3 had not been included in the laboratory's pre-analytic procedures. 5. On February 09, 2022 at 1:00 PM, the laboratory director and Staff-BO confirmed the above findings.</p>