

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D1020689	(X3) Date Survey Completed 08/23/2018
Name of Provider or Supplier Forefront Dermatology, S C	Street Address, City, State 4020 New Vision Dr, Fort Wayne, IN	
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 document review and interview, the laboratory failed to verify the accuracy of Mohs Surgery testing at least twice in 2017. Findings include: 1. Review of documents titled: "Quality Control for Mohs Micrographic Survey" indicated the laboratory performed a verification of the accuracy of Mohs Surgery testing once in 2017 (11-28-2017). 2. In interview on 8-23-2018 at 1:31 PM, SP1 acknowledged verification of the accuracy of Mohs Surgery testing was performed only once in 2017.</p>