

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D1037471	(X3) Date Survey Completed 09/04/2018
Name of Provider or Supplier Randall Dermatology Pc	Street Address, City, State 620 S Berkley Rd, Kokomo, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the laboratory director failed to sign and date three of three procedures reviewed indicating his/her approval of changes and/or updates. Findings Include: 1) The following policy updates from 11/2014 were not signed and dated by the laboratory director: a. "Procedure and Form: Histopathology-Mohs Surgery...Updated 11/2014 b. "Procedure Ectoparasites...Updated 11/2014 c. "Procedure Potassium Hydroxide (KOH) Examination of Skin, Hair, or Nails... Updated 11/2014 2) Medical record review indicated the following patients having laboratory testing performed: PT1=8/7/17 PT2=9/25/17 PT3=10/25/17 PT4=11/13/17 PT5=12/4/17 PT6=5/7/18 PT7=4/4/18 PT8=3/26/18 PT9=2/12/18 PT10=1/8/18 PT11=8/28/17 PT12=8/9/17 2) In interview on 9/4/18 at 12:24 pm, staff member SP-2 confirmed the above procedures had not been signed and dated by the laboratory director indicating approval.</p>