

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  16D2170383	<b>(X3) Date Survey Completed</b>  10/29/2024
<b>Name of Provider or Supplier</b>  Radiant Complexions	<b>Street Address, City, State</b>  311 S Clark Street, Suite 280, Carroll, IA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D3031</b>	<p><b>RETENTION REQUIREMENTS</b> CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient test reports and confirmed by interview with the Mohs technician, the laboratory failed to retain the Mohs map for one out of five patients who had Mohs surgery performed between 6/24/2024 and 9/23/2024. The findings include: 1. On 6/24/2024 the laboratory performed Mohs surgery on patient identifier A. 2. The laboratory failed to attach the Mohs map for patient identifier A in the electronic medical record. 3. The Mohs technician stated that laboratory would scan a copy of the Mohs map into the electronic health records and then keep the original Mohs map for two months before shredding. 4. At the time of the survey, the histology technician confirmed that the laboratory failed to retain the Mohs map for patient identifier A.</p>