Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D1031513	07/22/2019
Name of Provider or Supplier	**Street Address, City, State**	
Mohs Surgery Specialists Llc	4950 Essen Lane, Suite 301, Baton Rouge, LA	

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
D0000	A Certification Survey was performed on July 22, 2019 at Mohs Surgery Specialist, LLC, CLIA ID # 19D1031513. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5401	PROCEDURE MANUAL CFR(s): 493.1251(a) A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens. This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the laboratory failed to follow their established quality control procedure. Findings: 1. Review of the laboratory's "Mohs Statement of Policy and Procedure" under the "Quality Control" section revealed "The Mohs surgeon/director reviews the slides and checks off for quality of section, stain, and coverslipping." 2. Review of the laboratory's "Stain Lot Numbers" form revealed quality control was documented; however, it did not indicate the Laboratory Director performed the review. 3. Review of random selection of patient reports and quality control records revealed the laboratory did not have documentation the Laboratory Director reviewed the quality of the slides for the following dates: December 20, 2017 July 31, 2018 October 11, 2018 December 31, 2018 February 6, 2019 March 18, 2019 June 6, 2019 July 2, 2019 4. In interview on July 18, 2019 at 10: 30 am, Personnel 2 stated she initial checks and documents the slide quality. Personnel 2 further stated the Laboratory Director reviews the slides after. Personnel 2 confirmed the "Stain Lot Numbers" form did not indicate the Laboratory Director, who serves as the Testing Personnel, reviewed the slide quality.
D6093	LABORATORY DIRECTOR RESPONSIBILITIES

	CFR(s): 493.1445(e)(5) The laboratory director must ensure that the quality control programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to ensure that quality control programs for Histopathology were maintained. Refer to D5401.