

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0690598	(X3) Date Survey Completed 06/27/2019
Name of Provider or Supplier Dermatology Partners Inc	Street Address, City, State 65 Walnut St, Wellesley, MA	
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 CLIA recertification survey was conducted for Dermatology Partners, Inc. pursuant to the Clinical Laboratory Improvement Ammendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493. .
D3031	<p>RETENTION REQUIREMENTS 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 record review and interview, the laboratory failed to accurately retain patient test records for at least 2 years as evidenced by the following: a) A review of twelve patient electronic medical records for MOHS slide exams performed between 7 /25/18 and 6/19/19 revealed that the MOHS map was scanned in black and white. b) Interview with the histotechnician on 6/27/19 at 10:15 AM confirmed that the original MOHS map had red markings on it but, when scanned, was scanned in black and white, not color, to indicate the red markings.</p>