

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0380094	(X3) Date Survey Completed 09/13/2018
Name of Provider or Supplier West Michigan Dermatology	Street Address, City, State 6150 Northland Drive Ne, Rockford, MI	
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 procedure manual review and interview, the current laboratory director failed to approve, sign, and date the "Clinical Procedure Manual" for two (2017 and 2018) of two years as the director. Findings include: 1. On September 13, 2018 at 11:30 AM, procedure manual review revealed the current laboratory director did not approve, sign, and date the "Clinical Procedure Manual" for two (2017 and 2018) of two years. 2. During the interview on September 13, 2018 at 11:30 AM, the office manager confirmed the current laboratory director did not approve, sign, and date the procedure manual.</p>