

| | | |
|--|--|---|
| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 23D0381425 | (X3) Date Survey Completed 05/08/2023 |
| Name of Provider or Supplier Northwestern Michigan Dermatology | Street Address, City, State 550 Munson Ave, Suite 200, Traverse City, 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 |
|---------------------------|--|
| D5429 | <p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: . Based on observation and interview with the Mohs' Tissue Tech (MTT), the laboratory failed to perform and document thermometer calibrations and/or replace an expired thermometer for 1 (S/N 170829833) of 1 thermometer in use. Findings include: 1. During a tour of the laboratory on 4/08/2023 at 10:21 am, the surveyor observed a Fisherbrand memory-loc traceable thermometer sitting on top of the freezer with an expiration date of 11/28/2019. 2. When queried on 4/08/2023 at 10:25 am the MTT was not able to provide the surveyor documentation to show the thermometer had been re-calibrated. 4. An interview on 4/08/2023 at 10:25 am, the MTT confirmed the laboratory failed to perform and document thermometer calibrations and/or replace the expired thermometer for the freezer readings.</p> |