

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0381425	(X3) Date Survey Completed 08/26/2025
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
D5415	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>(c) Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (c)(1) Identity and when significant, titer, strength or concentration. (c)(2) Storage requirements. (c)(3) Preparation and expiration dates. (c)(4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the Mohs Technician, the laboratory failed to label one paraffin-sealed flask containing reagent to identify its contents. Findings include: 1. During a tour of the laboratory on 08/26/2025 at 1:10 pm, the surveyor observed an unlabeled sealed flask containing reagent dated 08/25/2025, stored in a cabinet beneath the stainer. The flask was not labeled in a manner that identified the contents, preparation date, or expiration date. 2. In an interview conducted on 08/26/2025 at 1:10 pm with the Mohs Technician, she stated the reagent was Hematoxylin and confirmed the flask was not labeled appropriately.</p>