

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0688063	(X3) Date Survey Completed 06/21/2018
Name of Provider or Supplier Psoriasis And Eczema Treatment Center	Street Address, City, State 833 Michigan St Ne, Suite 102, Grand Rapids, 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
D3027	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(1)</p> <p>Test requisitions and authorizations. Retain records of test requisitions and test authorizations, including the patient's chart or medical record if used as the test requisition or authorization, 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 retain the authorization requisition for the histopathology testing and the gross description of the biopsy specimen for six (1-2 and 6-9) of nine patient charts audited. Findings include: 1. On June 21, 2018 at 1:10 PM, record review for six (1-2 and 6-9) of nine patient charts audited revealed the laboratory failed to retain on-site the authorization requisition for the histopathology testing and the gross description of the biopsy specimen. 2. On June 21, 2018 at 1:10 PM, the laboratory was given to the end of the survey to supply the necessary documents and the documents were not received. 3. During the interview on June 21, 2018 at 1:10 PM, the office staff confirmed the authorization requisition was not available on the day of the survey.</p>