

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0858935	(X3) Date Survey Completed 03/02/2020
Name of Provider or Supplier Base Of The Bays Dermatology, Pc	Street Address, City, State 3950 Shore Road, Williamsburg, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview with the Laboratory Director (LD), the laboratory failed to verify the accuracy of histopathology testing at least twice annually for 2 (2018 and 2019) of 2 years. Findings include: 1. A review of the laboratory's "American Society for Mohs Surgery Peer Review Results" revealed verification of accuracy testing for mohs surgery cases was only performed once in both 2018 and 2019. 2. An interview on 3/2/2020 at 11:36 am with the LD confirmed verification of accuracy testing was not performed twice annually.</p>