

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D0866065	<b>(X3) Date Survey Completed</b>  02/22/2021
<b>Name of Provider or Supplier</b>  Base Dermatology	<b>Street Address, City, State</b>  26400 W 12 Mile Road Suite 180, Southfield, MI	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<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, the laboratory failed to verify the accuracy of its tissue gross examinations and microscopic tissue examinations for at least twice annually for 2 (2019 and 2020) of 2 years reviewed. Findings include: 1. A review of the laboratory's records revealed a lack of documentation of verification of accuracy for their tissue gross examinations and microscopic tissue examinations for one event in 2019 and two events in 2020. 2. An interview on 2/22/21 at 11:00 am with the Laboratory Director confirmed the laboratory did not have documentation of the performance of verification of accuracy for the test procedures listed above.</p>