

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0871372	(X3) Date Survey Completed 06/14/2021
Name of Provider or Supplier Legacy Dermatology Group	Street Address, City, State 1392 S Cass Lake Road, Waterford, 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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</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 include the address of the laboratory location where testing was performed on the Mohs' map for 2 (June 2019 to June 2021) of 2 years reviewed. Findings include: 1. A record review of patient Mohs' maps revealed a lack of the laboratory's address recorded on the Mohs' map for 2 (June 2019 to June 2021) of 2 years testing. 2. An interview on 6/14/2021 at 10:45 am, the LD confirmed the address of the testing laboratory was not included on the Mohs' map.</p>