

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D0885058	<b>(X3) Date Survey Completed</b>  02/11/2026
<b>Name of Provider or Supplier</b>  Pinnacle Dermatology	<b>Street Address, City, State</b>  2685 Jolly Road, Okemos, 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>D5415</b>	<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, record review and interview with the histotechnician (HT), the laboratory failed to label 1 of 12 bottles of frozen embedding medium with an open date. Findings include: 1. During a tour of the laboratory on 2/11/2026 at 9:15 am, the surveyor observed one bottle of Polarstat Plus embedding medium, lot number 215034, with an expiration date of 11/30/2026 which was not labeled with an open date. 2. A review of the laboratory policy, titled "POLICY ON QUALITY ASSURANCE AND PROCEDURE -MOHS SURGERY", paragraph d., "Storage and handling," iv., reveals "Reagents will have date received, date opened, and expiration date listed on them." 3. On 2/11/2026 at 9:20 am, an interview with the HT confirmed that the bottle of frozen embedding medium was not labeled with an open date in accordance to the laboratory's policy.</p>
<b>D5805</b>	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>(c) 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</p>

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.

This STANDARD is not met as evidenced by:

. Based on record review and interview with the histotechnician (HT), the laboratory failed to document the correct surgery date on the patient Mohs map for 1 (P6) of 10 patient test reports reviewed. Findings include: 1. On 2/11/2026 at 10:00 am, a request was made to review Mohs maps, Hematoxylin and Eosin (H&E) tissue slides, patient visit notes, and pathology reports for 10 patients (P1, P2, P3, P4, P5, P6, P7, P8, P9, and P10). 2. A review of patient #6 (P6) Mohs map, patient operative report, and the Mohs laboratory log revealed inconsistencies in documentation, as follows: a. The Mohs laboratory log revealed a specimen collection date of 6/25/2025. b. The patient operative note revealed a Mohs surgery date of 6/25/2025. c. The Mohs map report revealed a surgery date of 7/25/2025. 3. On 2/11/2026 at 1:00 pm, during an interview, the HT confirmed that the surgery for P6 was performed on 6/25/2025 and acknowledged that the Mohs map report reflected an incorrect surgery date of 7/25/2025.