Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D0945208	10/01/2020
Name of Provider or Supplier	**Street Address, City, State**	
A Comprehensive Dermatology	1575 W Big Beaver Rd, Suite C12, Troy, 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**
D3043	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(7) The laboratory must retain cytology slide preparations for at least 5 years from the date of examination (see 493.1274(f) for proficiency testing exception). The laboratory must retain histopathology slides for at least 10 years from the date of examination. The laboratory must retain pathology specimen blocks for at least 2 years from the date of examination. The laboratory must preserve remnants of tissue for pathology examination until a diagnosis is made on the specimen. This STANDARD is not met as evidenced by: . Based on record review and interview with the Office Manager, the laboratory failed to retain slides for histopathology testing for 1 (Patient 19-0506) of 17 patient test records reviewed. Findings include: 1. A review of patient test records revealed Patient 19-0506 had testing performed on 6/21/19. 2. The surveyor requested slides for Patient 19-0506 on 10/1/20 at 10:33 am and they were not made available. 3. An interview on 10/1/20 at 10:33 am with the Office Manager confirmed the slides for the patient listed above were not available.
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: . Based on record review and interview with the Office Manager, the laboratory failed to perform verification of accuracy testing at least twice annually for histopathology testing for 2 (September 2018 to September 2020) of 2 years reviewed. Findings

	include: 1. A review of the laboratory's testing records revealed a lack of verification of accuracy testing for September 2018 to September 2020. 2. An interview on 10/1 /20 at 10:04 am with the Office Manager confirmed the laboratory did not verify the accuracy of histopathology at least twice annually for September 2018 to September 2020.
D5801	TEST REPORT CFR(s): 493.1291(a) The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations. This STANDARD is not met as evidenced by: . Based on record review and interview with the Office Manager, the laboratory failed to ensure test results were sent to the final report destination in a timely manner for 3 (Patients 20-396, 20-414, and 19-958) of 17 patient test record reviewed. Findings include: 1. A review of the laboratory's patient test records revealed the following patients with histopathology testing ordered did not have a test report available: a. Patient 20-396 performed on 6/15/20 b. Patient 20-414 performed on 6/18/20 c. Patient 19-958 performed on 10/7/19 2. An interview on 10/1/20 at 10:37 am with the Office Manager confirmed the test reports for the patients listed above were not available.