

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0962984	(X3) Date Survey Completed 12/03/2025
Name of Provider or Supplier Dermatology Center Of Rochester Hills	Street Address, City, State 919 W University Drive Suite 100, Rochester, 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 office manager, the laboratory failed to verify the accuracy of its histopathology microscopic tissue examination testing at least twice annually for one (second event 2024) of four testing events reviewed. Findings include: 1. A review of the laboratory's twice annual verification of accuracy documentation for its histopathology microscopic tissue examination testing showed the laboratory performed events on the following dates: a. 1/23/24 b. 1/21/25 c. 11/7/25 2. An interview on 12/3/25 at 9:53 am with the office manager confirmed the laboratory had not performed two verifications of accuracy testing events in 2024.</p>