Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D1056150	06/27/2018
Name of Provider or Supplier	**Street Address, City, State**	
Holland Dermatology	441 N 120th Ave, Holland, 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	TEST REPORT CFR(s): 493.1291(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 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, the laboratory failed to identify the name and address of the facility performing part of the histopathology gross examination of the tissue slides for nine (#1 - #9) of nine patient charts reviewed in 2016 to 2018. Findings include: 1. On June 27, 2018 at 11:30 AM, record review of the final patient results for nine (#1 - #9) of nine patient charts audited in 2016 to 2018 did not include the name and address of the facility where the measurements of the gross examination of the microscopic tissue reading was performed. 2. During the interview on June 27, 2018 at 11:30 AM, the laboratory director as listed on the CMS-209 confirmed the final reports did not include the name and address of the testing site where the measurements of the gross examination were performed.