

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D1103506	(X3) Date Survey Completed 11/14/2019
Name of Provider or Supplier Advanced Skin And Mohs Surgery Ctr	Street Address, City, State 2570 Niles Road, Saint Joseph, 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
D5415	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (1) Identity and when significant, titer, strength or concentration. (2) Storage requirements. (3) Preparation and expiration dates. (4) Other pertinent information required for proper use.</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 label histopathology inks with the identity, storage requirements, and expiration dates for 3 (red, blue, and green) of 3 ink containers observed. Findings include: 1. An observation on 11/14/19 at 10:17 am by the surveyor revealed red, blue, and green inks in small containers without the identity, storage requirements, and expirations dates on each container. 2. An interview on 11/14/19 at 10:17 am with the LD confirmed the laboratory did not have the above information on the histopathology ink containers.</p>