

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2062073	(X3) Date Survey Completed 07/22/2019
Name of Provider or Supplier Forefront Dermatology, S C	Street Address, City, State 2525 East Paris Avenue S E Suite 100, Grand Rapids, 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
D5431	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(2)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document function checks as defined by the manufacturer and with at least the frequency specified by the manufacturer. Function checks must be within the manufacturer's established limits before patient testing is conducted.</p> <p>This STANDARD is not met as evidenced by: . Based on lack of documentation and interview with the Regional Clinic Manager, the laboratory failed to perform and document the room temperature and humidity readings each day of patient testing for 8 (January - July in 2019) of 24 months reviewed for the proper operation of the Leica CM 1520 Cryostat. Findings include: 1. Record review of the cryostat log for the room temperature and humidity readings revealed a lack of documentation for 8 months in 2019. 2. On July 22, 2019 at approximately 11:00 AM when interviewed, the Regional Clinic Manager confirmed the room temperature and humidity readings for January - July in 2019 were not performed and documented. ***Repeat Deficiency from 1/17/2017 survey***</p>