

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2077425	(X3) Date Survey Completed 04/16/2026
Name of Provider or Supplier Dermatology Specialists Of Brighton	Street Address, City, State 2305 Genoa Business Park Dr, Suite 180, Brighton, 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	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview with the Office Manager (OM), the laboratory failed to document the correct case number on the patient Mohs Map for 1 (patient #6) of 10 patient records reviewed. Findings include: 1. A review record review and stained slide review for patient #6 (P6) revealed the following: a. The Mohs patient log was documented as Case #525, with a date of service of 10/16/2025. b. The corresponding Hematoxylin and Eosinstained tissue slide was labeled as Case #525. c. The patient Mohs map and visit note were documented as Case #495B. 2. During interview on 04/16/2026 at 11:20 am, the OM confirmed the Mohs map was documented with an incorrect case number.</p>