

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D2077428	<b>(X3) Date Survey Completed</b>  07/12/2018
<b>Name of Provider or Supplier</b>  Dermatology Specialists Of Canton	<b>Street Address, City, State</b>  361 N Canton Center Rd, Canton, MI	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<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, the laboratory failed to verify the accuracy of testing for the Mohs' tissue slide examination at least twice annually for one (2017) of two years reviewed. Findings include: 1. On July 12, 2018 at 10:15 AM, record review for the verification of accuracy for the Mohs' tissue slide examination revealed there was no documentation for one (2017) of two years reviewed. When requested, the office manager was not able to provide documentation to show the verification of accuracy was completed in 2017. 2. During the interview on July 12, 2018 at 10:15 AM, the office manager confirmed the verification of accuracy was not documented twice annually in 2017.</p>
<b>D5791</b>	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview, the laboratory failed to follow written policies and procedures for an ongoing mechanism to monitor, assess, and correct problems in the analytic laboratory systems for one (1st half of 2018) of three twice a year</p>

assessments reviewed. Findings include: 1. On July 12, 2018 at 11:55 AM, record review of the twice a year "Quality Assurance Checklist" revealed there was no documentation for one (1st half of 2018) of three twice a year assessments. 2. When queried on July 12, 2018 at 11:55 AM, the office manager was unable to provide the surveyor with the documentation requested. 3. During the interview on July 12, 2018 at 11:55 AM, the office manager confirmed the "Quality Assurance Checklist" was not performed and documented in the 1st half of 2018.