Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D2098524	08/27/2025
Name of Provider or Supplier	**Street Address, City, State**	
Skin Cancer And Dermatology Center, The	5199 N Royal Drive, Traverse City, 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
D5411	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a) (a) Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253. This STANDARD is not met as evidenced by: A. Based on observation and interview with the Mohs Tech (MT), the laboratory failed to calibrate one thermometer used to monitor a freezer in the laboratory. Findings include: 1. During a tour of the laboratory on 08/27/2025 at 11:20 am, the surveyor observed the freezer thermometer used to monitor frozen biopsies, with a calibration due date of 08/10/2024. 2. During an interview on 08/27/2025 at 11:20 am, the MT confirmed the freezer thermometer had not been calibrated as required. B. Based on observation and interview with the Mohs Tech (MT), the laboratory failed to ensure accurate readings of the room temperature thermometer in the laboratory. Findings include: 1. During a tour of the laboratory on 08/27/2025 at 11:20 am, the surveyor observed a room temperature thermometer in use without any indication that its accuracy had been verified. 2. During an interview on 08/27/2025 at 11:20 am, the MT stated there was no process to verify the accuracy of the room temperature thermometer and indicated she relied on her "feeling" of the room temperature rather than documented verification.