

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2329300	(X3) Date Survey Completed 03/09/2026
Name of Provider or Supplier Legacy Dermatology Group	Street Address, City, State 2817 S Milford Road Suite 101, Highland, 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
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: . Based on observation and interviews, the laboratory failed to ensure its hematoxylin stain was not used past its expiration date for one of one bottle in the laboratory. Findings include: 1. The surveyor observed the laboratory's flammable cabinet on 3/9/26 at 10:04 am. Inside, there was one bottle of hematoxylin stain with the expiration date of 1/11/26. 2. An interview on 3/9/26 at 10:45 am with the office manager confirmed the hematoxylin stain had exceeded its expiration. 3. A review of the laboratory's patient testing logs showed a total of 22 patients have received histopathology testing with hematoxylin and eosin stains since 1/11/26. 4. A phone interview on 3/9/26 at 11:04 am with the laboratory director confirmed the above findings.