

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D1014635	(X3) Date Survey Completed 10/10/2018
Name of Provider or Supplier Skin Care Drs Pa	Street Address, City, State 1350 Lesauk Drive, Sartell, MN	
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
D5481	<p>CONTROL PROCEDURES CFR(s): 493.1256(f)(g)</p> <p>(f) Results of control materials must meet the laboratory's and, as applicable, the manufacturer's test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: . Based on document review and interview with laboratory personnel, the laboratory failed to document Histopathology quality control (QC) performance for Periodic Acid-Schiff staining each day of use. Findings are as follows: 1. The laboratory performed Histopathology testing using Periodic Acid-Schiff (PAS) stain as confirmed by Histotechnician 1 (HT1) during a tour of the laboratory on 10/10/18 at 10:00 a.m. 2. Policy #380, Periodic Acid-Schiff Stain, located in the Standard Operating procedures manual, indicated the Dermatopathologists documented PAS stain quality in each patient pathology report. 3. Documentation of PAS stain quality was not included in the patient pathology report for case DRS18-658 reviewed on date of survey. 4. In an interview on 10/10/18 at 12:10 p.m., HT1 confirmed the performance of the PAS stain had not been documented in the patient pathology report.</p>