

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D1014635	(X3) Date Survey Completed 09/13/2022
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
D5217	<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 document review and interview with laboratory personnel, the laboratory failed to verify the accuracy of the single Histopathology test performed in the laboratory at least twice annually in 2021. Findings are as follows: 1. The laboratory performed Mohs micrographic surgery with microscopic examination under the specialty of Histopathology as confirmed by the Histotechnician (HT) during a tour of the laboratory at 1:00 p.m. on 09/13/22. 2. Cases completed by the Mohs surgeon were sent for evaluation twice annually to verify accuracy as established in the Proficiency Testing procedure located in the Mohs Lab Policies and Procedures manual. 3. Documentation of 2021 Mohs case evaluations was not found during review of laboratory records. 4. The laboratory performed approximately 75 Mohs micrographic surgery procedures annually as indicated in laboratory records and listed on Form CMS-116 Clinical Laboratory Improvement Amendments (CLIA) Application for Certification provided by the laboratory on date of survey. 5. In an interview at 1:25 p.m. on 09/13/22, the HT confirmed the above finding. .</p>