

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D1077017	(X3) Date Survey Completed 02/14/2018
Name of Provider or Supplier Zel Skin And Laser Specialists	Street Address, City, State 2 Carlson Parkway North, Suite 100, Plymouth, 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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: . Based on document review and interview with laboratory personnel, the laboratory failed to ensure address of the laboratory location was indicated on the test report (c) (2). Findings are as follows: 1. The laboratory performed Mohs Micrographic Surgery and Microscopic Examinations for fungus and parasites as confirmed by the Lab Services Administrator (LSA) during a tour of the laboratory on 02/14/18 at 1:10 p.m. 2. The patient test reports reviewed on date of survey, 02/14/18, did not indicate the city, state or zip code of the laboratory location. 3. In an interview on 02/14/18 at 3:15 p.m., the LSA confirmed the address of the laboratory location was not included on the test report. The LSA explained the laboratory had moved into its new location approximately 18 prior to the survey and the new reports had not been formatted properly.</p>