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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 24D1103873 | (X3) Date Survey Completed 10/10/2019 |
| Name of Provider or Supplier Dermatology Specialists Pa | Street Address, City, State 3316 W 66th St Suite 200, Edina, 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 |
|---------------------------|--|
| D5417 | <p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: . Based on observation and interview with laboratory personnel, the laboratory failed to ensure a base solution used for Histopathology testing was not used after the expiration date had been exceeded. Findings are as follows: 1. The laboratory performed Histopathology testing as confirmed by the General Supervisor (GS) during a tour of the laboratory at 10:15 a.m. on 10/10/19. 2. An expired Sodium Hydroxide bottle was observed in a flammable materials storage cabinet during the tour. See below. Stain Lot Exp date Sodium Hydroxide 025616 09/16/12 3. In an interview at 10:30 a.m. on 10/10/19, the GS confirmed the contents of the flammable materials cabinet were in use and the Sodium Hydroxide bottle was expired.</p> |
| 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> |

This STANDARD is not met as evidenced by:

. Based on document review and interview with laboratory personnel, the laboratory failed to ensure test reports generated prior to 10/10/19 included the address of the laboratory location. Findings are as follows: 1. The laboratory performed Histopathology testing as confirmed by the General Supervisor (GS) during a tour of the laboratory at 10:15 a.m. on 10/10/19. 2. The address of the laboratory location was not included on test reports reviewed on date of survey. See below Case number Date of testing JAD18-106778 06/07/18 JAD18-106860 06/08/18 JAD19-108789 07/01/19 3. In an interview at 1:45 p.m. on 10/10/19, the GS confirmed the above finding.