

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D2061348	(X3) Date Survey Completed 06/19/2019
Name of Provider or Supplier North Metro Dermatology	Street Address, City, State 400 Village Center Dr #200, North Oaks, 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
D3009	<p>FACILITIES CFR(s): 493.1101(c)</p> <p>The laboratory must be in compliance with applicable Federal, State, and local laboratory requirements.</p> <p>This STANDARD is not met as evidenced by: . Based on observation and interview with laboratory personnel, the laboratory failed to dispose excess Histopathology tissue in accordance with applicable Federal, State, and local requirements. Findings are as follows: 1. The laboratory performed Mohs Micrographic Surgery testing as confirmed by the Clinic Manager (CM) during a tour of the laboratory at 10:05 a.m. on 06/19/19. 2. Excess tissue was to be treated as biohazardous waste and disposed according to Federal, State, and local laws as established in the Mohs Micrographic Surgery procedure located in the Mohs Micrographic Surgery Procedure Manual. 3. A biohazard container for excess tissue was not observed in the laboratory during the tour. 4. In an interview at 10:30 a.m., the Medical Assistant confirmed excess tissue was discarded in a regular trash bin after verifying this information via a telephone conversation with the Mohs technician.</p>
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p>

This STANDARD is not met as evidenced by:

. Based on document review and interview with laboratory personnel, the laboratory failed to document the time of Histopathology specimen receipt into the laboratory for 2 of 3 Mohs Micrographic Surgery cases reviewed. Findings are as follows: 1. The laboratory performed Mohs Micrographic Surgery testing as confirmed by the Clinic Manager (CM) during a tour of the laboratory at 10:05 a.m. on 06/19/19. 2. A requirement to document the time of tissue receipt on the Mohs map was established in the Mohs Micrographic Surgery procedure located in the Mohs Micrographic Surgery Procedure Manual. 3. The time of subsequent surgery stage tissue receipt was not documented on the Mohs map for 2 of 3 Mohs cases reviewed on date of survey as indicated below. The laboratory was unable to provide alternate records of specimen receipt time upon request. Case Date Stages N-M18-083 B 06/07/18 III The time of Stage III tissue receipt not documented. Case Date Stages N-M18-208 12/07/18 II The time of Stage II tissue receipt not documented. 4. In an interview at 12:10 p. m., the Medical Assistant confirmed the above finding.