

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D2105418	(X3) Date Survey Completed 11/05/2019
Name of Provider or Supplier Lakes Dermatology	Street Address, City, State 14305 Southcross Dr W #110, Burnsville, 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 document review and interview with laboratory personnel, the laboratory failed to ensure a solution used for microscopic examinations was not used after the expiration date had been exceeded in 2018 and 2019. Findings are as follows: 1. The laboratory performed microscopic examinations for fungus as confirmed by the Clinic Manager (CM) during a tour of the laboratory at 11:10 a.m. on 11/05/19. 2. Expired Potassium Hydroxide solution was used for testing patient specimens (Pts) in 2018 and 2019 as indicated on the KOH Test Log provided by the laboratory. See below for detailed information. Lot Exp. Dates used Pts. 5811.01 4/18 5/1/18-11/5/18 17 4861.01 8/17 9/12/18 1 364672 1/20/18 11/15/18-12/6/18 3 1805813 2/27/19 3/4/19-7 /2/19 16 3. In an interview at 12:15 p.m. on 11/05/19, the CM confirmed the above finding.</p>