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| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>24D2110590             | <b>(X3) Date Survey Completed</b><br><br>03/05/2020 |
| <b>Name of Provider or Supplier</b><br><br>Lakes Dermatology                                                               | <b>Street Address, City, State</b><br><br>14001 Ridgedale Dr Suite 300, Minnetonka, MN |                                                     |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. |                                                                                        |                                                     |

| <b>(X4) ID Prefix Tag</b> | <b>Summary Statement of Deficiencies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>D5417</b>              | <p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT<br/>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:<br/>                     . Based on observation, document review, and interview with laboratory personnel, the laboratory failed to ensure 2 of 4 Histopathology tissue marking materials were not used after the expiration date had been exceeded. Findings are as follows: 1. The laboratory performed Mohs Micrographic Surgery under the subspecialty Histopathology as confirmed by the Histology Technician (HT) during a tour of the laboratory at 11:10 a.m. on 03/05/20. 2. Expired tissue marking materials were observed as present and available for use during the tour of the laboratory. See below.<br/>                     -Mercedes Medical Tissue Marking Dye, Blue Lot 7540 Expiration 04/18 -Mercedes Medical Tissue Marking Dye, Red Lot 7537 Expiration 04/18 3. In an interview at 10:30 a.m. on 03/05/20, the HT confirmed the above finding.</p> |