

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 27D2141070	(X3) Date Survey Completed 03/17/2026
Name of Provider or Supplier Highline Dermatology & Skin Cancer	Street Address, City, State 505 Cascade Loop, Kalispell, MT	
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on record review and an interview with the practice manager (not listed on the CMS 209 Laboratory Personnel Report form), the laboratory did not perform one of the two required twice yearly accuracy verifications of its Mohs testing procedure for the years 2024 and 2025. Findings: 1. A review of the "QA Slide Review Check In /Out" log and the "Mohs Case Quality Assurance Form" lacked documentation of a second half accuracy verification for the years 2024 and 2025. a. In 2024, slides were sent for review on 1/23/24; no slides were sent for review during July-December 2024. b. In 2025, slides were sent for review on 1/2/25; no slides were sent for review during July-December 2025. 2. The laboratory failed to follow its procedure for "Verification of Test Accuracy" to send at least two cases every six months. 3. An interview on March 17, 2026, at 10:30 AM with the practice manager (not listed on the CMS 209 form) confirmed the laboratory did not perform one of the two twice yearly accuracy verifications of its Mohs testing procedure for the years 2024 and 2025.</p>
D5313	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(b)</p> <p>(b) The laboratory must document the date and time it receives a specimen.</p> <p>This STANDARD is not met as evidenced by: Based on record review and an interview with the practice manager (not listed on the</p>

CMS 209 Laboratory Personnel Report form), the laboratory did not document the time it received 11 out of 11 excised tissue specimens for six patients from February 19, 2024, to February 26, 2026. Findings: 1. A review of the Mohs Micrographic Surgery Operative Map revealed that six patient files (11 excised tissue specimens) did not include the time the laboratory received each specimen. M24 120 - date of service (DOS) February 19, 2024; three excised tissue specimens M24 295 - DOS May 6, 2024; one excised tissue specimen M24 685 - DOS October 22, 2024; one excised tissue specimen M25 441 - DOS July 22, 2025; four excised tissue specimens M25 702 - DOS October 23, 2025; one excised tissue specimen M26 165 - DOS February 26, 2026; one excised tissue specimen 2. An interview on March 17, 2026, at 1:00 PM with the practice manager (not listed on the CMS 209 form) confirmed the laboratory did not document the time it received 11 out of 11 excised tissue specimens for six patients from February 19, 2024, to February 26, 2026.