Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 30D1091026	(X3) Date Survey Completed 05/08/2018
Name of Provider or Supplier Foundation Skin Surgery And Dermatology	**Street Address, City, State** 17 Prospect St, N301, Nashua, NH	
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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on interview, the laboratory failed to verify the accuracy of histopathology testing at least twice annually in 2017. Findings include: 1) Interview on 5/8/18 at 9: 00 a.m. with the practice manager who has administrative responsibilities for the laboratory revealed the laboratory did not verify the accuracy of histopathology slide interpretation in 2017.