

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 30D1091026	(X3) Date Survey Completed 04/30/2026
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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory (lab) test reports and interview with nursing staff (RN1), 4 of 4 test reports reviewed failed to include the address of the lab where histopathology slides were read in 2025 and 2026. Findings include: 1. Review on 4/30/2026 of the lab's histopathology test reports completed between 3/17/2025 and 2/12/2026 revealed 4 (PT1 - case# 25-223, PT2 - case# 25-360, PT3 - case# 25-1000, and PT4 - case# 26-118) of 4 patient test reports reviewed failed to include the lab's address. 2. Interview on 4/30/2026 at 10:45 a.m. with RN1 confirmed the test reports for PT1, PT2, PT3, and PT4 reviewed did not include the lab's address.</p>