Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 36D0701078	**(X3) Date Survey Completed** 03/29/2023
Name of Provider or Supplier Central Ohio Skin & Cancer, Inc	**Street Address, City, State** 430 Altair Parkway, Suite 210, Westerville, OH	
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**
D6106	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(14) The laboratory director must ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process. This STANDARD is not met as evidenced by: Based on review of the laboratory's policy and procedure manual and an interview with the Laboratory Manager, the current Laboratory Director failed to ensure approved policies and procedures were available to all personnel responsible for any aspect of the testing process. This deficient practice had the potential to affect 2076 out of 11,054 tested under the subspecialty of Histopathology from 09/27/2022 through 03/29/2023. Findings Include: 1. Review of the CMS-116 submitted for a change of Laboratory Director revealed a new Laboratory Director as of 09/27/2022. 2. Review of the laboratory's policy and procedure manual titled, "Mohs Laboratory Procedure Manual," failed to find the current Laboratory Director's approval via signature and date. 3 The inspector requested policies and procedures approved by the current Laboratory Director from the Laboratory Manager. The Laboratory Manager confirmed the policies and procedures were not approved and signed by the current Laboratory Director. The interview occurred on 03/29/2023 at 2:25 PM.