

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 36D0938492	(X3) Date Survey Completed 12/13/2023
Name of Provider or Supplier Uc Health Dept Of Dermatology	Street Address, City, State 3590 Lucille Drive, Suite 1600, Cincinnati, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on record review and an interview with the Clinical Operations Manager (COM), the Laboratory Director (LD) failed to ensure policies and procedures were approved, signed and dated before use. This deficient practice had the potential to affect 1,175 patients tested under the subspecialty of Histopathology from 09/11/2023 to 12/13/2023. Findings Include: 1. Review of the Form CMS-209 approved on 12/13/2023 by the current LD listed the new/current LD since the previous inspection. 2. The COM stated the new LD had assumed the role on 09/11/2023. . 3. Review of the laboratory's "Manual Review" page provided on the date of inspection, revealed an LD approval signature and date of 12/12/2023. 4. On 12/12/2023 at 1:30 PM the COM confirmed policies and procedures were not approved, signed and dated by the new LD before use.</p>