

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 36D1036910	(X3) Date Survey Completed 10/29/2018
Name of Provider or Supplier Dillon Dermatology	Street Address, City, State 1037 Conneaut, Suite 201, Bowling Green, 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
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Item I: Based on record review, the laboratory failed to review and evaluate MOHS Surgery proficiency testing results. All patients tested at this laboratory have the potential to be affected. Findings include: 1. Review of the "Histopathology - MOHS Surgery" policy and procedure found no mention of reviewing and evaluating results from American Society for MOHS Surgery, which serves as proficiency testing. 2. Review of the 2018 and 2017 "Peer Review Results" received from the American Society for MOHS Surgery found no evidence of review and evaluation of the results. Item II: Based on record review, the laboratory failed to review and evaluate Frozen Section Biopsy proficiency testing results. All patients tested at this laboratory have the potential to be affected. Findings include: 1. Review of the "Histopathology - Frozen Section Biopsy" policy and procedure found no mention of reviewing and evaluating results from Pinkus Dermatopathology, which serves as proficiency testing. 2. Review of the 2018 and 2017 reports received from Pinkus Dermatopathology found no evidence of review and evaluation of the results.</p>
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel</p>

who performed the test(s).

This STANDARD is not met as evidenced by:

Based on record review, the laboratory failed to maintain a record system indicating the identity of the personnel who performed the test. All patients tested at this laboratory have the potential to be affected. Finding include: 1. A review of 2018 and 2017 "Maintenance Record for Cryostats" found no initials to indicate the identity of the personnel who performed cryostat maintenance.