

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  36D2062681	<b>(X3) Date Survey Completed</b>  05/07/2025
<b>Name of Provider or Supplier</b>  Dermatologists Of Southwest Ohio	<b>Street Address, City, State</b>  1933 Ohio Drive, Grove City, OH	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5311</b>	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(a)</p> <p>(a) The laboratory must establish and follow written policies and procedures for each of the following, if applicable: (a)(1) Patient preparation. (a)(2) Specimen collection. (a)(3) Specimen labeling, including patient name or unique patient identifier and, when appropriate, specimen source. (a)(4) Specimen storage and preservation. (a)(5) Conditions for specimen transportation. (a)(6) Specimen processing. (a)(7) Specimen acceptability and rejection. (a)(8) Specimen referral.</p> <p>This STANDARD is not met as evidenced by: ITEM 1 Based on record review and an interview with Testing Personnel (TP)#2, the laboratory failed to establish and follow written policies and procedures for specimen acceptability and rejection of tissue specimens collected for testing. This deficient practice had the potential to affect 3,022 out of 3,022 patients tested under the subspecialty of Histopathology from 03/09/2023 through 05/06/2025. Findings Include: 1. Review of the laboratory's policy and procedure manual titled "Grove City Mohs Manual &amp; Competency Evaluations", approved via signature and date by the Laboratory Director on 02/24/2025, did not find any mention of policies and procedures for specimen acceptability and rejection of tissue specimens. 2. The inspector requested policies and procedures for specimen acceptability and rejection of tissue specimens collected for testing from TP#2. TP#2 confirmed the laboratory did not have written policies and procedures for specimen acceptability and rejection of tissue specimens and was unable to provide the requested information. The interview occurred on 05/07/2025 at 9:50 AM. ITEM 2 Based on record review and an interview with Testing Personnel (TP)#2, the laboratory failed to establish and follow written policies and procedures for the conditions of tissue specimen transportation. This deficient practice had the potential to affect 3,022 out of 3,022 patients tested under the subspecialty of Histopathology from 03/09/2023 through 05/06/2025. Findings Include: 1. Review of the laboratory's policy and procedure</p>

manual titled "Grove City Mohs Manual & Competency Evaluations", approved via signature and date by the Laboratory Director on 02/24/2025, did not find any mention of policies and procedures for tissue specimen transportation. 2. The inspector requested policies and procedures for specimen transportation from TP#2. TP#2 confirmed the laboratory did not have written policies and procedures for tissue specimen transportation and was unable to provide the requested information. The interview occurred on 05/07/2025 at 9:50 AM.