

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  37D2137232	<b>(X3) Date Survey Completed</b>  04/15/2021
<b>Name of Provider or Supplier</b>  Epiphany Dermatology Of Oklahoma, Llc	<b>Street Address, City, State</b>  3111 Azalea Park Drive, Muskogee, OK	
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>D0000</b>	The initial survey was performed on 04/15/2021. The laboratory was found in compliance with a standard-level deficiency cited. The findings were reviewed with the clinical manager at the conclusion of the survey.
<b>D5407</b>	<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 a review of procedure manual and interview with the clinical manager, the laboratory failed to ensure written policies and procedures had been approved, signed, and dated by the laboratory director. Findings include: (1) On 04/15/2021 at 10:30 am, the clinical manager stated to the surveyor the laboratory performed microscopic interpretations on skin specimens, obtained from Mohs surgery; (2) The survey reviewed the "Quality Assessment Manual", which contained written policies and procedures. There was no indication the manual had been approved, signed, and dated by the laboratory director; (3) The surveyor showed the manual to the clinical manager, who stated on 04/15/2021 at 12:40 pm, the manual contained the policies and procedures and had not been signed and dated by the laboratory director.</p>