

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D1058546	(X3) Date Survey Completed 09/17/2018
Name of Provider or Supplier Silver Falls Dermatology Pc	Street Address, City, State 1793 13th Street Se, Salem, OR	
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	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(14)</p> <p>The laboratory director must ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's procedure manual and discussion with the Laboratory Director (LD), the LD failed to sign her approval in part of the procedure manual. Findings include: 1. Upon review of the procedure manual, it was noted that the section designated for the Mohs procedure did not have the LD's signature of approval. 2. The LD was interviewed during the survey on 9/17/2018 at approximately 2 p.m. and confirmed she had not signed off on the Mohs procedure.</p>