Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D0959143	11/19/2018
Name of Provider or Supplier	**Street Address, City, State**	
Peninsula Dermatology Skin Cancer Surgery Center	1601 Commonwealth Ave, Williamsburg, VA	

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
D0000	An announced CLIA recertification survey was conducted at Oyster Point Dermatology, INC on November 19, 2018 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Specific deficiency cited is as follows:
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Based on a laboratory tour, review of procedure manuals, and interviews, the laboratory failed to follow their policy for labeling fourteen (14) MOHS slides using patient accession number, patient last name and first initial, and lesion letter/specimen number for one (1) of 1 observed case on the date of the survey, November 19, 2018. Findings include: 1. During a laboratory tour, at approximately 2:30 PM on 11/19/18, the inspector observed Patient A's MOHS case in progress in the laboratory processing area. The inspector noted that each of the 14 slides of the observed case were labeled with one partial patient identifier (abbreviated patient last name "JENK") and lesion lettering. The inspector requested to view Patient A's MOHS map that correlated with the 14 tissue slides labeled as "JENK". The primary testing personnel (TP) provided the map which revealed no unique patient identifier that matched the lettering on the slides ("JENK"). (See Patient Code Sheet attached) 2. Review of the MOHS procedure manual revealed a policy titled "Procedure for Labeling Mohs Slides" (Revision Date 1/31/13) that stated "To provide consistent labeling of slides for each Mohs case, each slide is labeled with the following: MOHS case number, patient last name and first initial, stage number, and slide number." 3. In an interview

	with the laboratory director, office manager and lead TP at approximately 3:30 PM, it was confirmed that the laboratory failed to follow their written policy for labeling MOHS slides using two (2) positive unique identifiers (patient accession number, patient last name and first initial) throughout the testing/resulting process as outlined above.