

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0388478	(X3) Date Survey Completed 05/31/2023
Name of Provider or Supplier A2c1 Aurora Health Center - Menomonee Falls	Street Address, City, State N84 W16889 Menomonee Ave, Menomonee Falls, WI	
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
D6177	<p>TESTING PERSONNEL RESPONSIBILITIES CFR(s): 493.1495(b)(3)</p> <p>Each individual performing high complexity testing must adhere to the laboratory's quality control policies, document all quality control activities, instrument and procedural calibrations and maintenance performed.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor observations, review of procedures and records, and interview with staff, testing personnel did not follow the laboratory's quality control policies and did not document maintenance performed on the cryostat in the dermatology laboratory in twelve of the last twelve months. Findings include: 1. Observation of equipment in the dermatology laboratory on May 31, 2023, at 9:00 AM revealed a Leica CM1950 cryostat used for processing dermatology tissue samples. 2. Review of the procedure, 'WI - MOHS Dermatology Cryostat Decontamination and Maintenance', showed the procedure required documentation of maintenance using the 'WI - Mohs Cryostat Maintenance and Disinfection/Decontamination Sheet' and required documented review of the completed forms. 3. Review of laboratory records from the last twelve months showed no evidence of use of the Mohs Cryostat Maintenance and Disinfection/Decontamination Sheet or other documentation of maintenance of the cryostat. 4. Interview with staff A on May 31, 2023, at 10:00 AM confirmed staff did not document maintenance performed on the cryostat and confirmed staff did not follow the 'WI-Mohs Cryostat Decontamination and Maintenance' procedure.</p>