

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0388536	(X3) Date Survey Completed 05/31/2019
Name of Provider or Supplier Richard E Neils Md	Street Address, City, State 888 Thackeray Trail Ste 212, Oconomowoc, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of accuracy evaluation records and interview with the office manager, the laboratory did not verify the accuracy of the dermatopathology slide interpretations performed in 2018. Findings include: 1. Review of accuracy evaluation records showed no evidence of evaluation in 2018 for dermatopathology slide interpretations. 2. Interview with the office manager, staff A, on May 31, 2019 at 9:30 AM confirmed the laboratory did not perform the twice-annual accuracy evaluation of dermatopathology slide interpretations in 2018.</p>