

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  52D0391788	<b>(X3) Date Survey Completed</b>  02/12/2025
<b>Name of Provider or Supplier</b>  Affiliated Dermatologist Sc	<b>Street Address, City, State</b>  13800 W North Ave Ste 100, Brookfield, WI	
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>D5217</b>	<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 quality assurance procedures and records and interview with the Director of Operations (staff A) the laboratory did not have documentation showing twice annual verification of accuracy of dermatopathology diagnostic slide interpretations for one of four events in the last two years. Findings include: 1. Review of the "Quality Assessment regarding CLIA requirements histopathologic examination" procedure showed the laboratory used peer evaluation to meet the twice annual requirement of quality assessment. The procedure included, "Biannually five slides of cutaneous specimens will be selected at random by a designated staff member". 2. Review of available quality assurance records showed the laboratory performed peer review of dermatopathology diagnostic slide interpretations twice annually in 2023 and once in the second half of 2024. No records were available for the first half of 2024. 3. Interview with Staff A on February 12, 2025, at 10:15 AM confirmed records were not available for the quality assessment peer review in the first half of 2024 and the laboratory could not show their completion of the quality assessment process twice annually in 2024.</p>