Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	52D0392170	05/28/2025
Name of Provider or Supplier	**Street Address, City, State**	
Forefront Dermatology, Sc	2600 N Mayfair Rd, Ste 810, Milwaukee, 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
D5821	TEST REPORT CFR(s): 493.1291(k) (k)When errors in the reported patient test results are detected, the laboratory must do the following: (k)(1) Promptly notify the authorized person ordering the test and, if applicable, the individual using the test results of reporting errors. (k)(2) Issue corrected reports promptly to the authorized person ordering the test and, if applicable, the individual using the test results. (k)(3) Maintain duplicates of the original report, as well as the corrected report. This STANDARD is not met as evidenced by: Based on surveyor review of quality assurance / quality control (QA/QC) records, procedures, and patient reports and interview with the regional manager (Staff A), the laboratory did not maintain duplicates of the original report as well as the corrected report for one of one corrected report reviewed. Findings include: 1. Review of the 'Mohs QA/QC' log from 2024 showed staff audit three patient procedures for five criteria each quarter. The five criteria evaluate consistent reporting between the patient slides, Mohs map, procedure visit notes, and Mohs log, and completion of the required components on the Mohs map and retention of slides. The form showed the possible responses for each criterion as "P = Pass, F = Fail". The form referenced Policy M-733, 'Quality Assessment Program Mohs Lab'. The second record in the fourth quarter (Patient 1) showed staff marked the second criteria, "Mohs map matches procedure visit note", with "F addendum added". 2. Review of Policy M-733 showed the policy required review of patient and laboratory records to ensure the laboratory has accurate medical records. 3. Review of the patient procedure visit notes for Patient 1 in the electronic medical record (EMR) showed no addendum made to the report. Review of the electronic copy of the 'Mohs Micrographic Surgery Map' for Patient 1 showed the source "left leg B". It looked as if staff had written the word 'left' over white-out and the handwriting for the word 'left' was different compared to 'leg B'. 4. Interview with Staff A on May 28, 2025, at 10:45 AM confirmed the patient

	procedure visit notes did not include an addendum and confirmed the map appeared altered. Staff A also confirmed staff did not retain an original copy of the map.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) (a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by: Based on surveyor review of quality assurance policies and interview with the Regional Manager (Staff A) the laboratory had not established written policies and procedures for correcting problems identified during result audits. Findings include: 1. Review of laboratory quality assurance policies showed no evidence the laboratory had a policy providing direction to staff for correcting errors identified during quarterly result audits. 2. Interview with Staff A on May 28, 2025, at 10:45 AM confirmed the laboratory procedures did not include instructions for making corrections to patient records including the requirement to retain duplicates of the original report as well as the corrected report.