Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0393534	(X3) Date Survey Completed 04/23/2019
Name of Provider or Supplier Ssm Health Dean Medical Group-South Madison Campus	**Street Address, City, State** 1211 Fish Hatchery Rd, Madison, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on surveyor review of laboratory dermatopathology records and interview with the histopathology laboratory specialist, the laboratory has not evaluated the accuracy of Mohs testing twice annually in 2018. Findings include: 1. Review of laboratory dermatopathology records from 2018 show no evidence of twice annual accuracy evaluation for Mohs test results. 2. Interview with the histopathology laboratory specialist on April 23, 2019 at 2:15 PM confirmed twice annual accuracy verification of Mohs test results had not been performed in 2018.