

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0395780	(X3) Date Survey Completed 03/05/2026
Name of Provider or Supplier Aylesworth Dermatology Sc	Street Address, City, State 550 E Timber Dr, Rhinelander, 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
D5313	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(b)</p> <p>(b) The laboratory must document the date and time it receives a specimen.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of laboratory records and interview with testing personnel (Staff A), the laboratory did not document the time they received tissue specimens for the second and third stages in two of two reviewed cases with three stages each. Findings include: 1. Review of maps for two randomly chosen Mohs cases with three stages each showed no record of the time the laboratory received subsequent tissue specimens after the first stage for either of the cases. 2. Interview with Staff A on March 5, 2026, at 9:45 AM confirmed testing personnel did not document the time of specimen receipt for each subsequent tissue received in the laboratory for Mohs procedures when the procedure required more than one stage.</p>