

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0993510	(X3) Date Survey Completed 08/03/2023
Name of Provider or Supplier Advanced Dermatology Inc	Street Address, City, State 412 18th Ave, Monroe, 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>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 the laboratory director, the laboratory had not documented the time the laboratory received six of six reviewed tissue specimens for Mohs processing. Findings include: 1. Review of Mohs maps and the Mohs specimen log showed no record of the time the laboratory received tissue specimens for Mohs processing for six reviewed Mohs cases. 2. Interview with the laboratory director on August 3, 2023, at 9:45 AM confirmed the laboratory did not document the time of specimen receipt for each tissue received in the laboratory for processing during a Mohs procedure.</p>