Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D1045440	(X3) Date Survey Completed 08/14/2019
Name of Provider or Supplier Shoreline Skin Corporation	**Street Address, City, State** 3427 Superior Ave, Sheboygan, 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 quality assurance records and interview with the laboratory director, the laboratory did not perform twice annual accuracy verification in 2018 for Mohs procedures. Findings include: 1. Review of quality assurance records showed no evidence the laboratory performed accuracy verification for Mohs testing in 2018. 2. Interview with the laboratory director on August 14, 2019 at 9:00 AM confirmed the laboratory did not complete accuracy verification procedures in 2018. This is a repeat deficiency previously cited on August 2, 2017.