Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	52D2015844	03/30/2021
Name of Provider or Supplier	**Street Address, City, State**	
Forefront Dermatology, Sc	1245 Cheyenne Ave Ste 301, Grafton, 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
D6046	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8) (b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently. This STANDARD is not met as evidenced by: Based on surveyor review of competency assessment records and interview with the regional clinic manager, the technical consultant, who is the laboratory director, did not evaluate the competency for two of two moderate complexity testing personnel in 2020. Findings include: 1. Review of the 2020 competency assessment forms showed no evidence of evaluation of competency for two of two moderate complexity testing personnel competency by the technical consultant, who is the laboratory director. 2. Interview with the regional clinic manager on March 30, 2021 at 2:10 PM, confirmed the technical consultant, who is the laboratory director, did not document evaluation of competency for two of two moderate complexity testing personnel in 2020.
D6094	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. This STANDARD is not met as evidenced by: Based on surveyor review of laboratory records and procedures and interview with the regional clinic manager, the laboratory director did not evaluate three of three Mohs surgery slides to maintain the quality assessment program to ensure the quality of

	laboratory services in quarter three and four of 2020. Findings include: 1. Review of the "Frozen Section Biopsies & Mohs Micrographic Surgery Slides" procedure showed the procedure states "Three cases Mohs surgery will be send out to another Mohs surgeon to be evaluated for any inconsistencies in the quality and interpretation." Further review showed the procedure states "The Mohs surgeon will review the log after the review." 2. Review of the "Quality Control for Mohs Micrographic Surgery" log showed the peer review surgeon signed the review on October 5, 2020 for one case, and with two cases from 2020 sent for review after March 15, 2021. Further review showed the laboratory director, who is the Mohs surgeon, did not review the log. 3. Interview with the regional clinic manager on March 30, 2020 at 2:10 PM, confirmed the laboratory director did not evaluate three of three Mohs surgery slides to maintain the quality assessment program to ensure the quality of laboratory services in quarter three and four of 2020.