

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D2032824	(X3) Date Survey Completed 11/15/2021
Name of Provider or Supplier Forefront Dermatology, Sc	Street Address, City, State 1300 S Green Bay Rd, Ste 100, Racine, 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
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the "Mohs Patient Log", patient records and interview with the regional clinic manager, staff A, the laboratory did not correct problems identified when the site in the patient log was corrected for two of two cases. Findings include: 1. Review of the "Mohs Patient Log" revealed the laboratory corrected the site from right cheek and right side of nose to left cheek and left side of nose for patient 1 and patient 2. 2. Review of the patient records for patient 1 and patient 2 showed the "Micrographic Surgery Map" listed the site as right cheek and right side of nose. Further review of patient records showed the surgical notes for patient 1 and patient 2 listed the site as left cheek and left side of nose. 3. Interview with staff A on November 15, 2021 at 12:15 PM, confirmed the laboratory did not correct problems identified when the site in the patient log was corrected for two of two cases. This is a repeat deficiency from September 30, 2019.</p>