

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D2106871	(X3) Date Survey Completed 10/30/2019
Name of Provider or Supplier New Dermatology Group Ltd	Street Address, City, State 2360 Duck Creek Pkwy, Green Bay, 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
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of Mohs cases including review of the Mohs patient log, Mohs maps, patient test reports and observation of specimen slides, and interview with testing personnel, the laboratory director has not established a quality assurance program that identifies failures in accurate record keeping. Findings include: 1. Review of three Mohs cases revealed two of the three cases showed inconsistencies between information on the Mohs patient log, Mohs map, patient test report, or the specimen slides. Case 1: Observation of specimen slides on October 30, 2019 at 9:00 AM revealed a slide label that included the code "II 3 A". Review of the log showed the expected notation would have been "II 2 A". Case 2: Review of the Mohs patient log showed laboratory staff recorded that the surgery site was on the left side. Review of the patient report and Mohs map completed by the Mohs surgeon showed the surgery was on the right side. 2. Interview with testing personnel, staff A, on October 30, 2019 at 9:00 AM confirmed two of three cases reviewed had inconsistencies between records in the Mohs patient log, Mohs map, patient test report or the specimen slides. Staff A also confirmed the log was incorrect for Case 2. Further interview confirmed a quality assessment program to identify and correct failures in maintaining accurate records was not established.</p>