

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D2138026	(X3) Date Survey Completed 12/19/2019
Name of Provider or Supplier Aspirus Dermatology Clinic	Street Address, City, State 1901 Westwood Center Boulevard, Wausau, 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 procedure manual, twice-yearly accuracy verification records, and interview with testing personnel, the laboratory did not evaluate the results of their accuracy verification quality assessment program. Findings include: 1. Review of "Proficiency Testing: MOHS micrographic surgery skin specimens" procedure shows the laboratory's twice-annual accuracy verification quality assessment program requires sending slides to a reference laboratory for evaluation. The procedure also states the laboratory will match the reference laboratory report to the in-house diagnosis. 2. Review of accuracy verification records showed no documented evaluation of results between the reference laboratory report and in-house diagnosis by the physician to confirm accuracy of results. 3. Interview with Staff A on December 19, 2019 at 9:33 AM, confirmed the laboratory did not evaluate the results of their accuracy verification quality assessment program.</p>