

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D2174831	(X3) Date Survey Completed 01/13/2026
Name of Provider or Supplier Ahc- Menomonee Falls- Dermatology	Street Address, City, State N84 W16889 Menomonee Ave, Menomonee Falls, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of laboratory procedures and interview with the clinic operations manager (Staff A), the laboratory did not establish a written policy or procedure to assess employee competency for two of two tests performed. Findings include: 1. Review of the laboratory procedure manual showed no evidence of a written policy or procedure for competency assessment for dermatopathology slide reading and potassium hydroxide (KOH) testing. 2. Interview with Staff A on January 13, 2026, at 11:25 AM confirmed the laboratory had not established a written policy or procedure for assessment of employee competency. This is a repeat deficiency previously cited on May 15, 2024.</p>
D6053	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of testing personnel competency records and interview with the clinic operations manager (Staff A), the technical consultant did not perform a</p>

semiannual evaluation of testing performance for one of one new testing personnel during the first year the individual performed patient testing. Findings include: 1. Review of testing personnel competency records in the Workday application for a testing personnel (Staff B), showed Staff B completed initial competency for "POCT Wet Mount Testing" on December 10, 2024. The Workday transcript showed Staff B completed the 6-Month competency course on the same day, December 10, 2024. The Workday transcript showed Staff B completed the "POCT Wet Mount and KOH Testing Annual Competency 2025" course on November 5, 2025. Further review of the Workday transcript revealed no documentation of a semiannual competency evaluation in the first year of Staff B testing patient specimens. 2. Interview with Staff A on January 13, 2026, at 11:15 AM confirmed the technical consultant did not perform a semiannual competency evaluation of testing performance for one of one new testing personnel during the first year the individual performed patient testing.

D6054

TECHNICAL CONSULTANT RESPONSIBILITIES
CFR(s): 493.1413(b)(9)

(b)(9) Thereafter, evaluations must be performed at least annually

This STANDARD is not met as evidenced by:
Based on surveyor review of personnel competency evaluations and interview with the clinic operations manager (Staff A), the technical consultant did not document the performance of annual competency assessment for five of five testing personnel who perform potassium hydroxide (KOH) testing in 2024. Findings include: 1. Review of personnel competency evaluations in the Workday application showed testing personnel had documentation of annual competency evaluation for potassium hydroxide (KOH) testing for 2025. Further review showed no documentation of annual competency evaluation in 2024. 2. Interview with Staff A on January 13, 2026, at 11:25 AM confirmed the technical consultant did not document annual competency evaluation for five of five testing personnel in 2024.

D6072

TESTING PERSONNEL RESPONSIBILITIES
CFR(s): 493.1425(b)(3)

(b)(3) Adhere to the laboratory's quality control policies, document all quality control activities, instrument and procedural calibrations and maintenance performed;

This STANDARD is not met as evidenced by:
Based on surveyor review of laboratory procedures and records, observation in the laboratory, and interview with the clinic operations supervisor (Staff C), testing personnel did not follow the procedure to document quality control (QC) for the Chlorazol Black potassium hydroxide (KOH) reagent used for KOH testing for one of one lots in use. Findings include: 1. Review of the KOH testing procedure revealed the laboratory performs QC to check for contamination of the Chlorazol Black KOH reagent with each new lot and shipment. 2. Observation in the laboratory on January 13, 2026, at 1:10 PM revealed an open bottle of Chlorazol Black KOH reagent near the microscope with lot number K257L5, and expiration date July 31, 2026. 3. Review of laboratory records showed no evidence that testing personnel performed QC on the lot of Chlorazol Black KOH reagent currently in use for patient testing. 4. In an interview with Staff C on January 21, 2026, at 4:40 PM conducted through email after the survey, Staff C confirmed the laboratory had no record of QC testing

on the Chlorazol Black KOH reagent. This is a repeat deficiency previously cited on May 15, 2024.