

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  53D1038865	<b>(X3) Date Survey Completed</b>  05/04/2018
<b>Name of Provider or Supplier</b>  Western Wyoming Dermatology	<b>Street Address, City, State</b>  62 Redmond St, Jackson, WY	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D3031</b>	<p><b>RETENTION REQUIREMENTS</b> CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on patient test record review, lack of documentation, electronic mail confirmation, and interview with staff, the laboratory failed to retain 1 of 11 Mohs micrographic surgery frozen section map for at least 2 years. The laboratory tested approximately 250 specimens per year; (approximately 3 to 5 cases 3 days per week). Findings include: 1. Patient test records review for Mohs frozen section specimen M18-002, collected on 01/08/2018, failed to include the specimen map used to record, spatially, each stage of removal for sections of affected skin to identify the persistence of presence or absence of tumor cells. 2. Electronic mail received on 05/08/2018 confirmed the map was not retrievable as scanned into the laboratory information system. 3. In an interview conducted on 05/04/2018 at approximately 5:30 P.M. the laboratory director stated the surgery map for specimen M18-002 was not readily available from the previous information system in use in January 2018. The final surgical report for the surgical specimen was located.</p>