

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D2089501	(X3) Date Survey Completed 03/23/2023
Name of Provider or Supplier Sia Dermatology/Mohs Lab	Street Address, City, State 1733 West Main Street, Suite 500, Dothan, AL	
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
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a review of "Peer Review" records (used as Proficiency Testing [PT] for the Speciality of Histopathology), a review of the PT policy, and an interview with MOHS Tech #1, the laboratory failed to ensure the Laboratory Director documented reviews of returned results for eight of eight Peer Review activities in 2021-2022. The findings include: 1. A review of "Peer Review" records (used as Proficiency Testing for the Speciality of Histopathology) revealed the laboratory sent two cases for review to a Dermatopathologist in Atlanta, Georgia on 6/29/2021, 11/1/2021, 5/12/2022 and 12/15/2022. There was no documentation of review of the results when the forms were returned to the laboratory. 2. A review of the laboratory policy, "Proficiency Testing of MOHS Micrographic Surgery Skin Specimens" revealed the policy failed to include instructions on review of the results upon return from the Dermatopathologist. 3. During an interview with on 3/23/2023 at 10:23 AM, the surveyor asked if the Laboratory Director (LD) documented a review of the Dermatopathologist's findings when the Peer Review records when were returned; MOHS Tech #1 stated the LD looked at the results, but there was no place on the form for her to sign. The surveyor explained the laboratory was required to document a review of the returned PT results and implement corrective actions if there were any discrepancies. If the policy and the Assessment Form needed updating to ensure reviews were documented, the laboratory needed to implement these changes. SURVEYOR ID# 32558 Licensure and Certification Surveyor</p>