

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0528263	(X3) Date Survey Completed 01/10/2019
Name of Provider or Supplier Paradise Valley Dermatology	Street Address, City, State 12251 N 32nd St Ste 12, Phoenix, AZ	
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
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on review of four patients' Mohs surgery slides and reports and interview with the facility personnel, the laboratory failed to indicate the correct date on the slides for one out of the four Mohs cases reviewed. Findings include: 1. The date of the Mohs surgery (#489) was 09/14/2017 which was indicated on the Mohs operative report as well as the Mohs map, but 2 out of 2 slides indicated the date as 09/18/2017. 2. The facility personnel acknowledged that the date indicated on the slides was not accurate.</p>