

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0528263	(X3) Date Survey Completed 07/23/2024
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on lack of accuracy verification documentation for Mohs testing and Biopsy interpretations and interview with the facility personnel, the laboratory failed to verify the accuracy of testing performed under the subspecialty of Histopathology at least twice annually during 2023. Findings include: 1. No documentation was presented for review to indicate the laboratory verified the accuracy of Mohs testing at least twice annually during 2023. 2. No documentation was presented for review to indicate the laboratory verified the accuracy of Biopsy Interpretations at least twice annually during 2023. 3. The facility personnel interviewed on 7/23/24 at 2:20 PM confirmed the laboratory failed to verify the accuracy of Mohs testing and Biopsy interpretations at least twice annually during 2023. 4. The laboratory's reported annual test volume in the subspecialty of Histopathology is 3,400.</p>