| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 03D0533930 | 10/23/2024 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Forefront Dermatology, Sc Dba Arizona | 2820 Glassford Hill Rd #107, Prescott Valley, 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 |
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| **D5291** | GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT<br>CFR(s): 493.1239(a)<br><br>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 general laboratory systems requirements specified at 493.1231 through 493.1236.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of quality assessment (QA) policies and records on October 23, 2024, review of accuracy verification records from 2023 and interview with the facility personnel, the laboratory failed to follow its established QA policies and procedures regarding the verification of accuracy process for one out of two cases reviewed in 2023. Findings include: 1. The laboratory performs Mohs testing under the sub-specialty of Histopathology, with a reported annual test volume of 1,500. 2. The laboratory's established QA policy titled 'Mohs Peer Review (Verification of Accuracy)' states, "Initiate a corrective action form for disagreements...Submit the form via the FF Compliance Portal." 3. Review of the accuracy verification documentation from 12/19/2023 titled 'Prescott Valley - 2nd half of 2023-RJ' indicated a discrepancy between the original diagnosis and the reviewer's diagnosis for one out of two cases reviewed, case# PV23M-1024. See D5821 for specific findings. 4. No documentation was presented for review to indicate the laboratory followed their established QA policy and initiated a corrective action form for the discrepancy listed above, including but not limited to, whether or not the laboratory issued an amended test report, patient outcome for the patient identified, resolution of the problem and policy changes or actions to prevent recurrence of the problem. 5. The facility personnel interviewed on 10/23/2024 at 10:10 AM confirmed the laboratory failed to follow their established QA policy to document corrective action for the test result discrepancy indicated above. |
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| **D5821** | TEST REPORT<br>CFR(s): 493.1291(k)<br><br>When errors in the reported patient test results are detected, the laboratory must do the following: (k)(1) Promptly notify the authorized person ordering the test and, if applicable, the individual using the test results of reporting errors. (k)(2) Issue corrected reports promptly to the authorized person ordering the test and, if applicable, the individual using the test results. (k)(3) Maintain duplicates of the original report, as well as the corrected report.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of patient test reports, review of accuracy verification documentation from 2023 and interview with the facility personnel, the laboratory failed to issue an amended test report for one out of one patients tested in the sub-specialty of Histopathology. Findings include: 1. The laboratory performs Mohs on patient specimens in the sub-specialty of Histopathology, with an approximate annual test volume of 1,500. It is the practice of the laboratory to select two Mohs cases annually, per physician, for review by another dermatopathologist to verify the accuracy of the original diagnosis. 2. Review of the final test report and accuracy verification documentation for case# PV23M-1024 from 12/12/2023 indicated the diagnosis listed on the final test report as "Stage 1: No residual tumor seen. There were no malignant cells seen in the sections examined." The reviewer's diagnosis for the same case was "Stage 1 positive BCC." 3. No documentation was presented for review during the survey to indicate the laboratory issued an amended report as a result of the diagnosis discrepancy identified for case # PV23M-1024. 4. The facility personnel interviewed on 10/23/2024 at 10:05 AM confirmed the laboratory failed to issue an amended test report for the discrepancy identified in the case stated above. |