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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 03D0662724 | (X3) Date Survey Completed 02/17/2021 |
| Name of Provider or Supplier Saguaro Dermatology | Street Address, City, State 2150 S Dobson Rd Ste 1, Mesa, 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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| D5407 | <p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory manual presented during the survey and interview with the facility personnel, the laboratory failed to have a procedure manual that was approved, signed, and dated by the current laboratory director. Findings include: 1. The laboratory's procedure manual presented for review during the survey conducted on February 8, 2021 failed to include the approval, signature and date of the laboratory director. 2. The facility personnel acknowledged that the procedure manual was not signed and dated by the current laboratory director at the time of the survey.</p> |