

<p>Statement of Deficiencies</p>	<p>(X1) Provider/Supplier/CLIA Identification Number</p> <p>03D0890458</p>	<p>(X3) Date Survey Completed</p> <p>08/08/2019</p>
<p>Name of Provider or Supplier</p> <p>Arizona Desert Dermatology And Surgery, Pc</p>	<p>Street Address, City, State</p> <p>2091 N Smoke Tree Ave Suite 103, Lake Havasu City, AZ</p>	
<p>For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.</p>		

<p>(X4) ID Prefix Tag</p>	<p>Summary Statement of Deficiencies</p>
<p>D5787</p>	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Based on review of patient test records, patient slides and interview with the facility personnel, the laboratory (A) failed to indicate the correct testing date on the Mohs map used for dermatopathology testing and (B) failed to indicate the identity of the personnel who performed the gross description of tissue biopsies sent to another laboratory for testing. Findings include: A1. The laboratory performs patient testing under the sub-specialty of histopathology, with an approximate annual test volume of 11,200. The laboratory utilizes a Mohs map and electronic test report to document the results of the Mohs procedure. A2. Review of the Mohs map for case# MH18-054 from testing performed on 04/09/18 indicated the testing was performed on 04/04/18. The patient slides, Mohs patient log and the Mohs operative report viewed in the electronic medical record (EMR) for this patient during the survey confirmed the testing was performed on 04/09/18, not 04/04/18. A3. The facility personnel confirmed that the Mohs map from the case indicated above was labeled with the incorrect testing date. B1. The laboratory performs the gross description of dermatopathology specimens that are sent to another CLIA-certified laboratory for reading and interpretation. B2. No documentation was presented for review to indicate the laboratory maintained a record system that included the identity of the personnel who performed the gross description. B3. The facility personnel confirmed that the</p>

identity of the personnel who performed the gross description of biopsy specimens was not indicated on the final dermatopathology test report or any other record in the laboratory.

D5805

TEST REPORT
CFR(s): 493.1291(c)

The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.

This STANDARD is not met as evidenced by:
Based on review of the laboratory's dermatopathology test reports and interview with the facility personnel, the dermatopathology test report failed to include the name and address of the laboratory where the grossing of tissue specimens was performed. Findings include: 1. The laboratory performs the gross description of tissue specimens under the sub-specialty of histopathology with an approximate annual test volume of 11,200. The laboratory performs the gross description of dermatopathology specimens that are sent to another CLIA-certified laboratory for reading and interpretation. 2. Pathology report (A19-3735, patient ID# 102368) presented for review during the survey failed to include the laboratory name and address where the grossing of the specimen occurred. 3. The facility personnel acknowledged that the laboratory name and address were missing from the pathology test reports.