Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0890458	(X3) Date Survey Completed 12/29/2021
Name of Provider or Supplier Arizona Desert Dermatology And Surgery, Pc	**Street Address, City, State** 2091 N Smoke Tree Ave Suite 103, Lake Havasu City, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on lack of accuracy verification documentation for review and interview with the facility personnel, the laboratory failed to verify the accuracy of testing performed under the sub-specialty of Histopathology at least twice annually during 2020 and 2021. Findings include: 1. The laboratory performs frozen biopsy testing under the sub-specialty of Histopathology, with an approximate annual test volume of 3. 2. No documentation was presented for review during the survey conducted on December 29, 2021 to indicate the laboratory verified the accuracy of the microscopic interpretation (reading) of frozen biopsy specimens at least twice annually during 2020. Approximately 3 patients had frozen biopsy testing performed by the laboratory during 2020. 3. No documentation was presented for review during the survey conducted on December 29, 2021 to indicate the laboratory verified the accuracy of the microscopic interpretation (reading) of frozen biopsy specimens at least twice annually during 2021. Approximately 3 patients had frozen biopsy testing performed by the laboratory during 2021. 4. The facility personnel confirmed that the laboratory failed to verify the accuracy of frozen biopsy testing at least twice annually during 2020 and 2021.
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: (A) Based on review of the laboratory's test reports for Frozen Biopsy testing from 2020 and 2021 and interview with the facility personnel, the laboratory failed to include the gross description on two out of two test reports reviewed during the survey; and (B) based on review of Mohs test reports and interview with the facility personnel, the laboratory failed to include the final test result for Mohs testing for one out of three patient records reviewed. Findings include: A1. The laboratory performs Frozen Biopsy testing under the sub-specialty of Histopathology, with an approximate annual test volume of 3. The laboratory utilizes an Electronic Medical Record (EMR) to document the test result. A2. Two out of two Frozen Biopsy test reports reviewed during the survey [MR# 117426, from 11/09/20 and MR# 107897, from 4/12/21] failed to include the gross description for the Frozen Biospy. A3. Each electronic test report indicated above stated, "The specimen was submitted for frozen section as 1 block. The tissue specimen was frozen in the cryostat, sectioned and stained." A4. No documentation was presented for review during the survey to indicate the test reports referenced above contained the gross description, which may include but is not limited to, the measurement of the specimen, specimen description, specimen color, and specimen orientation. A5. The facility personnel confirmed that the frozen section test reports indicated above failed to include the gross description. B1. The laboratory performs Mohs testing under the sub-specialty of Histopathology with an approximate annual test volume of 313. It is the practice of the laboratory to document the final Mohs test result in the EMR. B2. One of out three Mohs test reports (MR# 6390, from 8/11/21) reviewed during the survey failed to include the final test result for Mohs. The EMR test information indicated the patient had Mohs testing, with 1 Stage performed. B3. The facility personnel confirmed that the test report documented in the EMR for the patient indicated above failed to include the final test result for Mohs testing.