Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D0890458	09/30/2025
Name of Provider or Supplier	**Street Address, City, State**	
Arizona Desert Dermatology And Surgery, Pc	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
D5293	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c) (b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities. This STANDARD is not met as evidenced by: Based on review of the laboratory's Quality Assessment (QA) policies and interview with the facility personnel on 9/30/25 at 12:15 PM, the laboratory's 'Peer Review Protocol' for Mohs failed to include information regarding the corrective action to take to resolve problems when discrepancies are identified, and the lab failed to take corrective action for one out of two Mohs cases reviewed for accuracy on 8/14/25, which had a noted discrepancy. Findings include: 1. The laboratory's established policy, "Peer Review Protocol" failed to include the steps to take to correct and resolve problems found during the accuracy verifcation process for Mohs, including but not limited to, resolution of the problem and test report correction (if warranted), corrective action to take for the patient(s) found to be identified for discrepant diagnoses, and policies and procedures necessary to prevent recurrence of the problems. 2. The laboratory failed to take corrective action for one of two Mohs cases (MH25-133) reviewed on 8/14/25 which was identified to have a discrepant diagnosis during the Peer Review process. The original diagnosis for case# MH25-133 indicated the margins were clear at Stage III. The physician reviewing the case noted "See Diagram - margins still positive Stage III. Recommend further treatment as clinically indicated." 3. The facility personnel interviewed on 9/30/25 at 12:15 PM confirmed the laboratory's Peer Review Protocol failed to include the steps to take if a discrepancy is noted, and confirmed the laboratory failed to take corrective action for

	Mohs case# MH25-133 including, but not limited to, further treatment of the patient and issuing an amended test report. 4. The laboratory performs the microscopic interpretation of Mohs specimens in the subspecialty of Histopathology with a reported annual test volume of 393.
D5821	TEST REPORT CFR(s): 493.1291(k) (k)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. This STANDARD is not met as evidenced by: Based on review of test verification activities performed on 8/14/25 for the microscopic interpretation of Mohs specimens, lack of a corrected Mohs test report and Mohs map for Mohs case# MH25-133 and interview with the facility personnel on 9/30/25 at 11:53 AM, the laboratory failed to issue a corrected test report for one out of two patients found to have an incorrect diagnosis for Mohs, and the laboratory failed to notify the physician responsible for using the test results of the reporting error. Findings include: 1. The laboratory performs the microscopic interpretation of Mohs specimens in the sub-specialty of Histopathology, with a reported annual test volume of 393. 2. The accuracy verification records reviewed from 8/14/25 indicated a discrepancy for one out of two Mohs cases, MH25-133. The original diagnosis for case# MH25-133 indicated the margins were clear at Stage III. The physician reviewing the case noted "See Diagram - margins still positive Stage III. Recommend further treatment as clinically indicated." 3. The laboratory failed to issue an amended /corrected Mohs test report and Mohs map as a result of the diagnosis discrepancy identified for the case referenced above. 4. The laboratory failed to notify the physician responsible for the test results for Mohs case# MH25-133 of the reporting error which was identified during the accuracy verification process performed on 8/14 /25, including notification that further treatment may be warranted. 5. The facility personnel interviewed on 9/30/25 at 11:53 AM confirmed the laboratory failed to issue an amended test report and Mohs map for the discrepancy identified in the case stated above, and failed to notify the physician who is responsible for the Mohs test results of the discrepancy.