

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0963550	(X3) Date Survey Completed 11/13/2024
Name of Provider or Supplier Pinnacle Dermatology, Sc	Street Address, City, State 13640 N 99th Ave Ste 300, Sun 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
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient slides for 1 out of 4 dermatopathology cases reviewed during the survey and interview with the facility personnel, the laboratory failed to ensure positive identification on one out of three patient's slides from the time of collection of the specimen through completion of testing and reporting of test results. Findings include: 1. The laboratory performs Mohs and Frozen biopsy testing under the subspecialty of Histopathology, with an annual reported test volume of 420. 2. Review of the Mohs slides for case# 23-151 from 2/22/2023 indicated one out of three slides was labeled with the incorrect accession number (23-152). 3. The laboratory failed to ensure positive identification of a patient's specimen from the time of collection through the completion of testing and reporting of results for the case indicated above. 4. The facility personnel interviewed on 11/13/24 at 2:10 PM acknowledged that the laboratory labeled one out of three patient slides with the incorrect accession number on case# 23-151.</p>