

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0974359	(X3) Date Survey Completed 03/27/2023
Name of Provider or Supplier Arizona Dermatology	Street Address, City, State 1500 S White Mountain Road, Suite 401, Show Low, 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
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on review of established Quality Assessment policies and procedures and interview with the facility personnel, the laboratory failed to establish policies and procedures related to accuracy verification for histopathology testing performed by the laboratory. Findings include: 1. The laboratory performs the reading and diagnosis of Mohs specimens under the sub-specialty of Histopathology, with an approximate annual test volume of 500. 2. No documentation was presented for review during the survey to indicate the laboratory established policies and procedures related to the verification of accuracy process for the testing indicated above, including but not limited to, information specific to the frequency of the review, number of cases reviewed, individual or laboratory performing the review and a remedial action plan in the event of a noted discrepancy. 3. The facility personnel interviewed during the survey on March 27, 2023 at approximately 1:50pm confirmed that the laboratory failed to have an established written policy specific to the verification of accuracy process for Mohs interpretations performed by the laboratory.</p>