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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 03D1004425 | (X3) Date Survey Completed 03/22/2019 |
| Name of Provider or Supplier Kevin A Fuciarelli Md Pc | Street Address, City, State 10615 N Hayden Rd C-102, Scottsdale, 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 |
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| D5805 | <p>TEST REPORT CFR(s): 493.1291(c)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's test reports and interview with the facility personnel, the Mohs test reports failed to include the name and address of the laboratory where the reading of the dermatopathology slides was performed . Findings include: 1. The laboratory performs the Mohs procedure on patient specimens, with an approximate annual test volume of 1,632. 2. Four out of four Mohs test reports reviewed during the survey (#17-244, 17-694, 18-517 and 18-856) were missing the name and address of the laboratory where the reading of the dermatopathology slides was performed. 3. The facility personnel confirmed that the laboratory name and address were missing from the Mohs test reports indicated above.</p> |