

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  03D1062136	<b>(X3) Date Survey Completed</b>  07/22/2024
<b>Name of Provider or Supplier</b>  Arizona Dermatology-Apache Junction	<b>Street Address, City, State</b>  2430 W Apache Trail Ste 5, Apache Junction, AZ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on lack of accuracy verification documentation for Mohs and interview with the facility personnel, the laboratory failed to verify the accuracy of testing performed under the subspecialty of Histopathology at least twice annually in 2023. Findings include: 1. No documentation was presented for review to indicate the laboratory verified the accuracy of Mohs testing at least twice annually in 2023. 2. The facility personnel interviewed on 7/22/24 at 09:00 AM confirmed the laboratory failed to verify the accuracy of Mohs testing testing at least twice annually in 2023. 3. The laboratory's reported annual test volume is 50.</p>