

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  03D1063369	<b>(X3) Date Survey Completed</b>  08/21/2024
<b>Name of Provider or Supplier</b>  La Peau Dermatology	<b>Street Address, City, State</b>  5424 E Southern Ave, Ste 103, Mesa, 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 testing and Frozen Biopsy testing 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 during 2022 and 2023 Findings include: 1. No documentation was presented for review to indicate the laboratory verified the accuracy of Mohs testing at least twice annually during 2022 and 2023. 2. No documentation was presented for review to indicate the laboratory verified the accuracy of Frozen Biopsy testing at least twice annually during 2022 and 2023. 3. The facility personnel interviewed on 8 /21/24 at 11:40 AM confirmed the laboratory failed to verify the accuracy of Mohs testing and Frozen Biopsy testing at least twice annually during 2022 and 2023. 4. The laboratory performs 410 tests annually under the subspecialty of Histopathology.</p>