

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D1084762	(X3) Date Survey Completed 09/24/2026
Name of Provider or Supplier Arizona Center For Cancer Care	Street Address, City, State 18699 N 67th Ave Ste 230, Glendale, 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
D5391	PREANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1249(a) (a) 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 preanalytic systems specified at 493.1241 through 493.1242. This STANDARD is not met as evidenced by: Based on review of established laboratory policies and procedures from April 2025 through September 2026 and interview with the testing personnel (TP-1) on 9/24/26 at 12:42 PM, the laboratory failed to establish policies and procedures to ensure proper accountability or tracking of patient specimens from the time of collection at off-site facilities to receipt by the laboratory performing the gross examination of histopathology and cytology specimens. Findings include: 1. The laboratory performs the gross examination and processing of histopathology and cytology specimens, with a reported annual test volume of 1,420. 2. The laboratory receives cytology and histopathology specimens from approximately 7 medical offices. The laboratory performs the Technical Component on the specimens (grossing/processing), and the slides are then sent to another CLIA-certified laboratory for the Professional Component (microscopic interpretation of the slides to issue a pathological diagnosis). 3. The laboratory failed to establish policies and procedures to ensure proper accountability or tracking of patient specimens from the time of collection at the off-site medical facilities to receipt by the laboratory performing the Technical Component. 4. TP-1 interviewed on 9/24/26 at 12:42 PM confirmed the laboratory failed to establish policies and procedures to monitor, assess, and when indicated, correct problems identified with histopathology and cytology specimens that are collected at off-site medical facilities and transported to the laboratory for testing.