

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  03D1098554	<b>(X3) Date Survey Completed</b>  03/03/2021
<b>Name of Provider or Supplier</b>  Integrated Dermatology Of Yuma	<b>Street Address, City, State</b>  2500 S 8th Ave Ste 101, Yuma, 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>D5203</b>	<p><b>SPECIMEN IDENTIFICATION AND INTEGRITY</b> CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Based on review of the patient' Mohs map, review of patient slides, review of the electronic test report and interview with the facility personnel, the laboratory failed to follow established procedures to ensure positive identification of patient's dermatopathology specimens throughout the test reporting process. Findings include: 1. The laboratory performs Mohs testing under the sub-specialty of histopathology, with an approximate annual test volume of 500. It is the practice of the laboratory to assign a unique case number to each patient's Mohs specimen. The unique case number is included on the Mohs map, the patient slide(s) and the patient's electronic test report. 2. Review of the electronic test report for patient C.T. from 11/13/20 indicated the Mohs case number as "JG20-527". The Mohs map and Mohs slides for this patient indicated the Mohs case number as "JG20-550". 3. The facility personnel confirmed that the electronic test report indicated above contained the incorrect case number. The facility personnel acknowledged that the unique case number for this patient, tested on 11/13/20 was JG20-550.</p>
<b>D5291</b>	<p><b>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT</b> 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</p>

through 493.1236.

This STANDARD is not met as evidenced by:

Based on lack of established Quality Assessment (QA) policies and procedures for review and interview with the facility personnel, the laboratory failed to establish written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated correct problems identified in the general laboratory systems. Findings include: 1. The laboratory performs Mohs testing on patient specimens under the sub-specialty of Histopathology, with an approximate annual test volume of 500. 2. No documentation was presented for review to indicate the laboratory had established quality assessment policies and procedures for an ongoing mechanism to monitor, assess, and when indicated correct problems identified in the general laboratory systems. 3. The facility personnel confirmed that the laboratory did not have quality assessment policies and procedures in place at the time of the survey.