

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D1098554	(X3) Date Survey Completed 09/01/2026
Name of Provider or Supplier Integrated Dermatology Of Yuma	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) (d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on review of the Mohs test procedure on September 1, 2026 at 1:35 PM and interview with the facility personnel, the current laboratory director failed to approve, sign and date the Mohs test procedure before use. Findings include: 1. The laboratory performs the microscopic interpretation of dermatopathology specimens in conjunction with the Mohs procedure, with a reported annual test volume of 350. 2. The Mohs test procedure presented for review on 9/01/26 failed to include the approval, signature and date of the current laboratory director. 3. The facility personnel interviewed on 9/01/26 at 1:35 PM acknowledged that the Mohs test procedure was not approved, signed and dated by the current laboratory director.