

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2024481	(X3) Date Survey Completed 01/25/2023
Name of Provider or Supplier Saguaro Dermatology Ahwatukee	Street Address, City, State 4425 E Agave Rd, Ste 148, Phoenix, 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
D5217	<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 review and interview with the facility personnel, the laboratory failed to verify the accuracy of testing performed under the sub-specialty of Histopathology at least twice annually during 2021. Findings include: 1. No documentation was presented for review during the survey conducted on January 25, 2023 to indicate the laboratory verified the accuracy of the microscopic interpretation of histopathology (Mohs) specimens at least twice annually during 2021. 2. The facility personnel interviewed on 1/25/23 at 1:15pm confirmed that the laboratory failed to verify the accuracy of histopathology testing at least twice annually during 2021. 3. The laboratory's approximate annual test volume under the sub-specialty of Histopathology is 125.</p>
D5473	<p>CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on lack of Quality Control (QC) documentation and interview with the facility</p>

personnel, the laboratory failed to document the acceptability of staining materials used for Mohs testing performed in the sub-specialty of histopathology. Findings include: 1. The laboratory performs testing in the sub-specialty of Histopathology, with an approximate annual test volume of 125. 2. No documentation of the Hematoxylin & Eosin (H&E) stain acceptability was presented for review for testing that occurred on 12/03/2021. Approximately 6 patients were tested on that date. 3. The facility personnel interviewed on 1/25/23 at 1:00pm confirmed the laboratory failed to document the H&E stain acceptability on 12/03/2021, as indicated above.