

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2024481	(X3) Date Survey Completed 12/18/2024
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 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 2023. Findings include: 1. In 2023, the laboratory performed Frozen Biopsy testing on one patient. This testing was performed under the subspecialty of Histopathology. 2. No documentation was presented for review to indicate the laboratory verified the accuracy of Frozen Biopsy testing at least twice annually during 2023. 3. The facility personnel interviewed on 12/18/24 at 9:00 AM confirmed the laboratory failed to verify the accuracy of Frozen Biopsy testing at least twice annually during 2023.</p>