

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2041752	(X3) Date Survey Completed 08/20/2021
Name of Provider or Supplier Mark Meyers, Md	Street Address, City, State 30012 N Cave Creek Rd #104, Cave Creek, 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 2020. Findings include: 1. No documentation was presented for review during the survey conducted on August 20, 2021 to indicate the laboratory verified the accuracy of Mohs testing at least twice annually during 2019 and 2020. 2. The facility personnel confirmed that the laboratory failed to verify the accuracy of Mohs testing at least twice annually during 2019 and 2020. 3. The laboratory's approximate annual test volume under the sub-specialty of Histopathology is 600.</p>