

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2045374	(X3) Date Survey Completed 06/12/2019
Name of Provider or Supplier Dyson Dermatology, Pllc	Street Address, City, State 2222 N Craycroft Rd, Ste 100, Tucson, 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 2017 and 2018. Findings include: 2. No documentation was presented for review during the survey to indicate that the laboratory verified the accuracy of Mohs testing at least twice annually during 2017 and 2018. 3. No documentation was presented for review during the survey to indicate that the laboratory verified the accuracy of Biopsy interpretation at least twice annually during 2017 and 2018. 4. The facility personnel presented a policy that indicated accuracy checks were to be performed twice a year (10 total per year) by outside dermatologists.</p>
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) 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 analytic systems specified in 493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on review of room temperature and cryostat temperatures for the year 2019 up to the day of the survey and interview with the facility personnel, the laboratory failed</p>

to provide corrective actions for our of range temperatures for 31 days for the room temperature and 20 days for the cryostat temperature. Findings include: 1. The log presented for review referenced both room temperatures and cryostat temperatures from 01/18/2019 to 05/22/2019 each day that Mohs testing was performed under the sub-specialty of Histopathology. 2. The room temperature range indicated on the log was 73F to 77F and the cryostat temperature range indicated on the log was -20C to --28C. 3. The room temperatures recorded were out of range for 31 out of 31 days for the time period stated above. The cryostat temperatures recorded were out of range 20 out of 31 days for the time period stated above. 4. The facility personnel acknowledged that there were no corrective actions documented for the out of range temperatures.