Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D2045374	03/24/2022
Name of Provider or Supplier	**Street Address, City, State**	
Dyson Dermatology, Pllc	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
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Based on review of the patients' Mohs map, review of patient slides, review of the electronic test report, review of the laboratory's Mohs log and interview with the facility personnel, the laboratory failed to follow established procedures to ensure positive identification of patient's dermatopathology specimens throughout the test reporting process. Findings include: 1. The laboratory performs Mohs testing under the sub-specialty of histopathology, with an approximate annual test volume of 564. It is the practice of the laboratory to assign a unique case number to each patient's Mohs specimen. The unique case number is included on the laboratory's Mohs log, the patient's Mohs map, the patient slide(s) and the patient's electronic test report. 2. Review of the Mohs map and electronic test report for patient B.M. from testing performed on 3/04/2022 indicated the Mohs case number as "M22-065". The Mohs log and Mohs slides for this patient indicated the Mohs case number as "M22-066". 3. Facility personnel interviewed during the survey confirmed that the Mohs map and the electronic test report indicated above listed the incorrect case number. The facility personnel acknowledged that the unique case number for this patient, tested on 3/04 /2022 was M22-066.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(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 postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by: Based on lack of Quality Assessment (QA) documentation, review of electronic test records and interview with the facility personnel, the laboratory failed to establish written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified with electronic test reports. Findings include: 1. The laboratory performs Mohs testing in the sub-specialty of Histopathology, with an approximate annual test volume of 564. 2. The laboratory utilizes an electronic medical record (EMR) system to document the Mohs test procedure and Mohs test results. The test information is manually transcribed by laboratory personnel into the EMR. In addition, the laboratory manually documents the Mohs log, the Mohs map and patients' slides. 3. No QA documentation was provided for review during the survey to indicate the laboratory established policies and procedures to monitor, assess and, when indicated, correct problems identified with dermatopathology test results which are manually entered into the EMR, in addition to the patient's case information documented on all Mohs test records including the Mohs log, Mohs map, patient slides and electronic test reports. 4. The laboratory failed to enter (manually transcribe) the correct Mohs case number in the EMR for one patient record reviewed during the survey, and failed to manually scribe the correct Mohs case number on the Mohs map. See D5203 for findings. 5. The facility personnel confirmed that the laboratory failed to establish QA policies and procedures to monitor, assess and correct problems identified with the postanalytic systems, specifically test report information which is manually scribed (Mohs log, Mohs map, and patients' slides) and manually entered into the EMR (electronic test report).