

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2058719	(X3) Date Survey Completed 02/25/2026
Name of Provider or Supplier Henderson Skin And Cancer	Street Address, City, State 2821 W Horizon Ridge Pkwy Ste 211, Henderson, NV	
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
D0000	<p>This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on February 25, 2026. The findings and conclusions of any investigation by the Division of Healthcare Purchasing and Compliance shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>
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 a review of the director approved procedure for comparison of test results, a review of the laboratory records for twice per year verification of accuracy for the Mohs testing, and an interview with the laboratory personnel, the laboratory failed to ensure that twice per year verification of accuracy for two of two years was performed and documented during each year of testing. Findings include: 1. The procedure for comparison of test results stated, "Any test performed in the laboratory for which proficiency testing is not available will be verified at least twice a year, and the results will be reviewed by the Laboratory Director." 2. A review of the twice per year verification of accuracy for the Mohs testing revealed that Mohs test patient cases dated March 22, 2024, October 10, 2024, March 6, 2025 and October 23, 2025 were not reviewed and verified by a second board certified dermatologist or a board certified pathologist until February 8, 2026. 3. The findings were confirmed during an interview with the laboratory personnel conducted on February 25, 2026 at approximately 9:45 AM. According to the submitted CMS-116 form, the laboratory performs 240 histopathology tests annually.</p>

D5293

GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT

CFR(s): 493.1239(b)(c)

(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.

This STANDARD is not met as evidenced by:

Based on a review of the laboratory quality assessment procedure, a review of the quality assessment documentation of patient cases between the dates of March 22, 2024 and November 17, 2025, a review of the twice per year verification of accuracy for the Mohs testing for patient cases dated March 22, 2024, October 10, 2024, March 6, 2025 and October 23, 2025, and an interview with the laboratory personnel, the laboratory failed to ensure that the quality assessment program was effective to detect and correct the failure to perform the twice per year verification of accuracy for two of two years when the patient testing was performed. Findings include: 1. A review of the laboratory quality assessment procedure revealed that the procedure failed to include a mechanism to ensure that the twice per year verification of accuracy was performed and documented. The procedure stated, "Two slides will be reviewed monthly to insure (sic) proper staining, proper equipment maintenance, and proper tissue processing during the pre-analytical, analytical, and post analytical phases of specimen processing." 2. A review of the laboratory quality assessment checklist revealed that the dates on the forms indicated the date of patient testing only, so it could not be determined on which date the reviews were completed. 3. A review of the twice per year verification of accuracy for the Mohs testing revealed that Mohs test patient cases dated March 22, 2024, October 10, 2024, March 6, 2025 and October 23, 2025 were not reviewed and verified by a second board certified dermatologist or a board certified pathologist until February 8, 2026. 4. The findings were confirmed during an interview with the laboratory personnel conducted on February 25, 2026 at approximately 10:15 AM. According to the submitted CMS-116 form, the laboratory performs 240 histopathology tests annually.

D5305

TEST REQUEST

CFR(s): 493.1241(c)

(c) The laboratory must ensure the test requisition solicits the following information: (c)(1) The name and address or other suitable identifiers of the authorized person requesting the test and, if appropriate, the individual responsible for using the test results, or the name and address of the laboratory submitting the specimen, including, as applicable, a contact person to enable the reporting of imminently life threatening laboratory results or panic or alert values. (c)(2) The patient's name or unique patient identifier. (c)(3) The sex and age or date of birth of the patient. (c)(4) The test(s) to be performed. (c)(5) The source of the specimen, when appropriate. (c)(6) The date and, if appropriate, time of specimen collection. (c)(7) For Pap smears, the patient's last menstrual period, and indication of whether the patient had a previous abnormal report, treatment, or biopsy. (c)(8) Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable.

This STANDARD is not met as evidenced by:

Based on a random patient audit of eight Mohs patients tested between the dates of April 11, 2024 and December 4, 2025, and an interview with the laboratory personnel, the laboratory failed to ensure that the Mohs request included the correct site of the Mohs surgery for one of eight patients tested. Findings include: 1. A random patient audit of eight Mohs patients tested between the dates of April 11, 2024 and December 4, 2025 revealed that the Mohs order included the incorrect site of the surgery for one of eight patients tested. 2. The patient, Case Number 041124-13, who had Mohs surgery on April 11, 2024, indicated that the test site was correctly listed as the left clavicle on the Mohs map and the final operative report. 3. The patient visit note dated January 26, 2024 stated that the location of the Basal Cell Carcinoma (BCC) was "on the trunk" but did not specify the location of the site. The site was correctly marked on the diagram included in the visit note. 4. The findings were confirmed during an interview conducted on February 25, 2026 at approximately 10:15 AM. According to the submitted CMS-116 form, the laboratory performs 240 histopathology tests annually.