

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2070894	(X3) Date Survey Completed 08/27/2026
Name of Provider or Supplier Skin And Cancer Center Of Arizona	Street Address, City, State 725 S Dobson Rd, Room 201, Chandler, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on review of accuracy verification documentation for the Biopsy interpretation of patient specimens and interview with the facility personnel on 8/27/26 at 10:30 AM, the laboratory failed to verify the accuracy of Biopsy interpretation of patient specimens performed under the subspecialty of Histopathology at least twice annually during 2025. Findings include: 1. This laboratory performs Biopsy interpretation of patient specimens under the subspecialty of Histopathology with an annual test volume of 16,000 2. Accuracy verification documentation reviewed during the survey indicated the laboratory failed to verify the accuracy of Biopsy interpretations of patient specimens at least twice annually during 2025. 3. The facility personnel interviewed on 8/27/26 at 10:30 AM confirmed the laboratory failed to verify the accuracy of Histopathology testing at least twice annually during 2025.
D5391	PREANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1249(a) (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 preanalytic systems specified at 493.1241 through 493.1242. This STANDARD is not met as evidenced by: Based on established quality assessment (QA) practices and interview with the facility personnel, the laboratory failed to follow their established QA practices from March

	2025 through February 2026. Findings include: 1. This facility's established QA practices includes a monthly review and completion of their QA log which includes reviews of all pre-analytical to post-analytical activities. 2. Based on a review of QA records on the survey date of 8/27/26, the facility failed to perform this monthly QA review from March 2025 through February 2026. 3. The facility personnel interviewed on 8/27/26 at 10:30 AM confirmed the laboratory failed to follow established QA practices from March 2025 through February 2026.
D5791	ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c) (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. This STANDARD is not met as evidenced by: Based on established quality assessment (QA) practices and interview with the facility personnel, the laboratory failed to follow their established QA practices from March 2025 through February 2026. Findings include: 1. This facility's established QA practices includes a monthly review and completion of their QA log which includes reviews of all pre-analytical to post-analytical activities. 2. Based on a review of QA records on the survey date of 8/27/26, the facility failed to perform this monthly QA review from March 2025 through February 2026. 3. The facility personnel interviewed on 8/27/26 at 10:30 AM confirmed the laboratory failed to follow established QA practices from March 2025 through February 2026.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) (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 established quality assessment (QA) practices and interview with the facility personnel, the laboratory failed to follow their established QA practices from March 2025 through February 2026. Findings include: 1. This facility's established QA practices includes a monthly review and completion of their QA log which includes reviews of all pre-analytical to post-analytical activities. 2. Based on a review of QA records on the survey date of 8/27/26, the facility failed to perform this monthly QA review from March 2025 through February 2026. 3. The facility personnel interviewed on 8/27/26 at 10:30 AM confirmed the laboratory failed to follow established QA practices from March 2025 through February 2026.