

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2102434	(X3) Date Survey Completed 01/14/2025
Name of Provider or Supplier Hamblin Dermatology Pllc	Street Address, City, State 5300 S Sutter Dr Ste 1, Show Low, 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 Mohs and interview with the facility personnel, the laboratory failed to verify the accuracy of testing performed under the subspecialty of Histopathology at least twice annually during 2023 and 2024. Findings include: 1. No documentation was presented for review to indicate the laboratory verified the accuracy of dermatopathology testing (performed in conjunction with the Mohs procedure) at least twice annually during 2023 and 2024. 2. The facility personnel interviewed on 1/14/25 at 1:50 PM confirmed the laboratory failed to verify the accuracy of dermatopathology testing at least twice annually during 2023 and 2024. 3. The laboratory's reported annual test volume in the subspecialty of histopathology is 1,200. *****This is a repeat deficiency from the previous inspection conducted on June 5, 2023.</p>
D6093	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;</p> <p>This STANDARD is not met as evidenced by: Based on lack of Quality Assessment (QA) documentation from 2023 and 2024 and interview with the facility personnel, the laboratory director failed to ensure that QA</p>

programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. Findings include: 1. The laboratory performs testing in conjunction with the Mohs procedure, with a reported annual test volume of 1,200. 2. The laboratory failed to provide evidence of established QA policies and procedures for review during the survey conducted on January 14, 2025. 3. The laboratory failed to provide evidence of documented QA activities from 2023 and 2024. 4. The facility personnel interviewed on January 14, 2025 at 2:00 PM confirmed that the laboratory failed to provide documentation of QA policies and procedures and QA activities from 2023 and 2024.