Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D2111128	12/13/2023
Name of Provider or Supplier	**Street Address, City, State**	
Center For Dermatology, Pllc	1890 E Florence Blvd, Ste 4, Casa Grande, 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 laboratory's Mohs records and interview with the facility personnel, the laboratory failed to follow policies and procedures that ensure positive identification of patient's dermatopathology specimens from the time of collection through completion of testing and reporting of test results. Findings include: 1. The laboratory performs Mohs interpretations and Frozen Biopsy testing under the subspecialty of Histopathology, with an annual test volume of 1,024. 2. One of out two patient slides for case# YCM23-550 was labeled with the incorrect specimen site (Right Superior Forehead). The correct site as noted in the EMR, on the Mohs map, on the laboratory Mohs log and on the patient's remaining slide was 'Left Superior Forehead'. 3. The facility personnel interviewed on 12/13/23 at 1:00 PM acknowledged the laboratory failed to ensure positive identification of the patient's specimens from the time of collection through completion of testing and reporting of results, as evidenced by the specimen identification error on the slide indicated above.
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 and interview with the facility personnel, the laboratory failed to follow established policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems. Findings include: 1. Patient-specific data and the final test result information for Mohs interpretations and Frozen Biopsy testing is manually transcribed by laboratory personnel into the patient's Electronic Health Record (EHR). 2. The laboratory's Quality Assessment policy states, "Biannually, 5 cases will be reviewed and randomly selected. All frozen sections will be pulled for review. If any issues noted they will be documented, and corrective actions taken as appropriate for the findings." 3. No documentation from 2021 and 2023 was presented for review to indicate the laboratory followed the policy referenced above to ensure patient test results and patient-specific data were accurately and reliably transcribed into the patient's EHR. 4. The facility personnel interviewed on 12/13/2023 at 1:50 PM confirmed the laboratory failed to follow established policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems. 5. The laboratory performs approximately 1,024 tests annually under the subspecialty of Histopathology.