Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D2111128	06/06/2025
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
D5801	TEST REPORT CFR(s): 493.1291(a) (a) The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations. This STANDARD is not met as evidenced by: Based on review of patient test results maintained in the Electronic Health Record (EHR) and interview with the facility personnel, the laboratory failed to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (entered manually) to the final report destination, in a timely manner during 2024. Findings include: 1. Patient-specific data and the final test result information for Mohs and Frozen Biopsy testing is manually transcribed by laboratory personnel into the patient's EHR. 2. No documentation was presented for review during the survey conducted on 6/6/25 to indicate the laboratory had ensured test results and other patient-specific data were accurately and reliably sent from the point of data entry (entered manually) to the final report destination, in a timely manner during 2024. 3. The testing personnel interviewed on 6/6/25 at 8:30 AM confirmed the laboratory failed to verify the accuracy of patient-specific data and patient test results that are manually entered into the EMR during 2024. 4. The laboratory performs testing under the specialty of Histopathology with a reported annual test volume of 1,050.
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 a lack of (QA) policies and procedures and interview with the facility personnel, the laboratory failed to establish QA policies and procedures to monitor, assess, and when indicated, correct problems identified in the postanalytic systems specified in 493.1291. Findings include: 1. The laboratory failed to establish policies and procedures to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (entered manually) to final report destination, in a timely manner. 2. The facility personnel interviewed on 6/6/2025 at 8:30 AM confirmed the laboratory failed to provide documentation of an established QA policy and procedure to monitor, assess and correct problems identified with the postanalytic systems. 3. The laboratory performs patient testing in the subspecialty of Histopathology with a reported annual test volume of 1,050.