Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D2122522	11/01/2022
Name of Provider or Supplier	**Street Address, City, State**	
Hamblin Dermatology Pllc	2291 W 16th St, Safford, 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 lack of accuracy verification documentation for review and interview with the facility personnel, the laboratory failed to verify the accuracy of testing performed under the sub-specialty of Histopathology at least twice annually during 2020 and 2021. Findings include: 1. No documentation was presented for review during the survey conducted on November 1, 2022 to indicate the laboratory verified the accuracy of the microscopic interpretation (reading/diagnosis) of Mohs specimens at least twice annually during 2020 and 2021. 2. The facility personnel interviewed on 11 /01/22 at approximately 11:30am confirmed that the laboratory failed to verify the accuracy of the histopathology testing indicated above at least twice annually during 2020 and 2021. 3. The laboratory performs approximately 443 Mohs tests annually.
D5291	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(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 general laboratory systems requirements specified at 493.1231 through 493.1236. This STANDARD is not met as evidenced by: Based on review of the laboratory's accuracy verification records and interview with the facility personnel, the laboratory failed to identify and correct errors found within

	the accuracy verification process. Findings include: 1. The laboratory performs the microscopic examination and diagnosis on tissue specimens in conjunction with Mohs testing under the sub-specialty of Histopathology, with an approximate annual test volume of 443. 2. It is the practice of the laboratory to randomly select two completed Mohs cases each year which are reviewed by another qualified Mohs physician to verify accuracy of the testing. The review is documented on the "TC/PC Quality Assurance Peer Review Requisition" form. The form contains check boxes labeled, 'Agree' or 'Disagree', where the reviewing physician marks the findings of the review. 3. Review of the TC/PC Quality Assurance Peer Review Requisition form from 2/26 /20 for case# 010-20 failed to indicate whether or not the reviewer agreed or disagreed with the final diagnosis. 4. The laboratory failed to review the results generated from the accuracy verification process indicated above to determine if the verification results were correctly documented and to determine if corrective action was required for any noted discrepancies. 5. The facility personnel interviewed on 11/01/22 at 11: 20am confirmed the laboratory failed to review the results of the accuracy verification record indicated above to ensure the review was complete and to determine if corrective action was necessary.