Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D2316751	05/26/2026
Name of Provider or Supplier	**Street Address, City, State**	
Peak Dermatology	13921 W Grand Ave Bldg E Ste 501, Surprise, 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 microscopic interpretation of Frozen Excision specimens and Mohs specimens and interview with the facility personnel on 5/26/26 at 11:08 AM, the laboratory failed to verify the accuracy of Frozen Excision and Mohs testing performed under the subspecialty of Histopathology at least twice annually during 2025. Findings include: 1. No documentation was presented for review to indicate the laboratory verified the accuracy of the microscopic interpretation of Frozen Excision specimens and Mohs specimens at least twice annually during 2025. 2. The facility personnel interviewed on 5/26/26 at 11:08 AM confirmed the laboratory failed to verify the accuracy of histopathology testing at least twice annually during 2025. 3. The laboratory reports an annual test volume of 40 performed under the subspecialty of Histopathology.
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 Quality Assessment (QA) records and interview with the facility

	personnel on 5/26/26 at 11:17 AM, the laboratory failed to perform and document monthly QA activities from March 2025 through April 2026. Findings include: 1. The laboratory began patient testing on 3/21/25 in the subspecialty of Histopathology with a reported annual test volume of 40. The laboratory performs the microscopic interpretation of Mohs specimens and Frozen Excisions. 2. The laboratory's QA practices include performing and documenting a Monthly QA checklist and performing and documenting a Monthly Patient QA checklist. 3. The "Monthly Quality Assurance Checklist" is a checklist used to monitor, ensure completion, and document corrective action (if applicable) for: Patient Test Management, Quality Control, Safety, Proficiency Testing, Personnel and QA. 4. The "Monthly Patient Quality Assurance Checklist" is a checklist used to perform and document an audit of the laboratory testing and Electronic Medical Record (EMR) entry for one patient record selected at random each month, and includes the following areas: Pre-analytical, Analytical and Post-analytical. 5. The laboratory failed to provide evidence of completed Monthly QA Checklists and Monthly Patient QA Checklists (as indicated above) from March 2025 through April 2026. 6. The facilty personnel interviewed on 5/25/26 at 11:17 AM confirmed the laboratory failed to provide evidence of completed monthly QA checklists from March 2025 through April 2026.
D5607	HISTOPATHOLOGY CFR(s): 493.1273(d)(f) (d) Tissue pathology reports must be signed by an individual qualified as specified in paragraph (b) or, as appropriate, paragraph (c) of this section. If a computer report is generated with an electronic signature, it must be authorized by the individual who performed the examination and made the diagnosis. This STANDARD is not met as evidenced by: Based on review of tissue pathology reports maintained in the laboratory's electronic medical record (EMR) and interview with the laboratory director (LD) on 5/26/26 at 10:45 AM, 2 out of 4 pathology reports for Frozen Excisions were electronically signed by an individual who was not qualified to perform the microscopic examination of slides, issue diagnostic findings and report the final diagnosis of histopathology specimens. Findings include: 1. The laboratory began testing on 3/21 /25 and performs the microscopic interpretation of Mohs specimens and Frozen Excisions. The laboratory's annual test volume in the subspecialty of Histopathology is 40. 2. Two out of four Frozen Excision test reports (Patient 2 and Patient 3) were not signed by the individual who performed the examination and issued the diagnosis, and instead were electronically signed by an individual who was not qualified to perform the microscopic examination of slides, issue diagnostic findings and report the final diagnosis. 3. The LD interviewed on 5/26/26 at 10:45 AM confirmed the tissue pathology reports indicated above were electronically signed by a nurse practitioner rather than the physician who performed the microscopic examination and issued the final diagnosis.