Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D2325736	06/05/2026
Name of Provider or Supplier	**Street Address, City, State**	
Fox Dermatology And Aesthetics	3514 N Power Rd Ste 123, Mesa, 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
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) (d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on review of the Mohs test procedure on 6/5/26 at 10:30 AM and interview with the facility personnel, the laboratory director failed to approve, sign and date the Mohs test procedure before use. Findings include: 1. The laboratory began testing on 10/17/25 and performs the microscopic interpretation of Mohs specimens under the subspecialty of Histopathology, with a reported annual test volume of 36. 2. An onsite review of the Mohs test procedure on 6/5/26 failed to include the approval, signature and date of the current laboratory director prior to patient testing on 10/17/25. 3. The facility personnel interviewed on 6/5/26 at 10:30 AM acknowledged that the Mohs test procedure was not approved, signed and dated by the current laboratory director before use.