Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D2326923	07/14/2026
Name of Provider or Supplier	**Street Address, City, State**	
Grand Canyon Dermatology	2951 N Clark Rd, Show Low, 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 policies and procedures for the microscopic interpretation of Mohs specimens and interview with the facility personnel on 7/14/26 at 12:00 PM, the laboratory failed to verify the accuracy of Mohs testing performed under the subspecialty of histopathology at least twice annually during the timeframe of August 23, 2025 through July 14, 2026. Findings include: 1. The laboratory performs the microscopic interpretation of Mohs specimens in the subspecialty of histopathology. The laboratory began patient testing on August 23, 2025 and reports 1,800 tests annually. 2. No documentation was presented for review to indicate the laboratory verified the accuracy of the microscopic interpretation of Mohs specimens at least twice annually from August 23, 2025 through July 14, 2026. 3. The laboratory's established policy titled "Quality Assessment" states, "At least every 6 months slides from Mohs Surgery will be sent to an outside Dermatopathology Lab to confirm the surgeon's findings." 4. The facility personnel interviewed on 7/14/26 at 12:00 PM confirmed the laboratory failed to verify the accuracy of histopathology testing at least twice annually from August 25, 2025 through July 14, 2026.
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) (b) The procedure manual must include the following when applicable to the test procedure: (b)(1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (b)(2) Microscopic

	examination, including the detection of inadequately prepared slides. (b)(3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (b)(4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (b)(5) Calibration and calibration verification procedures. (b)(6) The reportable range for test results for the test system as established or verified in 493.1253. (b)(7) Control procedures. (b)(8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (b)(9) Limitations in the test methodology, including interfering substances. (b)(10) Reference intervals (normal values). (b)(11) Imminently life-threatening test results, or panic or alert values. (b)(12) Pertinent literature references. (b)(13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (b)(14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: Based on review of the laboratory's procedure manual for the microscopic interpretation of Mohs specimens, review of patient test results maintained in the electronic medical record (EMR) and interview with the facility personnel on 7/14/26 at 12:10 PM, the Mohs test procedure failed to include the laboratory's system for entering and reporting patient test results in the EMR. Findings include: 1. The laboratory began the microscopic interpretation of Mohs specimens on 8/23/2025 in the subspecialty of histopathology, with a reported annual test volume of 1,800. 2. It is the practice of the laboratory to enter the Mohs test results in the electronic medical record database, EMA by Modernizing Medicine. 3. The Mohs test procedure reviewed on 7/14/26 failed to include information about the laboratory's system for entering and reporting test results in the EMR. 4. The facility personnel interviewed on 7/14/26 at 12:10 PM confirmed the Mohs test procedure failed to include information regarding the laboratory's system for entering and reporting patient test results in the EMR.
D6080	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(c) (c) The laboratory director must: (c)(1) Be onsite at least once every 6 months, with at least 4 months between the minimum two on-site visits. Laboratory directors may elect to be on-site more frequently and must continue to be accessible to the laboratory to provide telephone or electronic consultation as needed; and (c)(2) Provide documentation of these visits, including evidence of performing activities that are part of the laboratory director responsibilities. This STANDARD is not met as evidenced by: Based on review of laboratory records and interview with the facility personnel on 7 /14/26 at 12:05 PM, the laboratory director failed to be onsite at least once every 6 months, with at least 4 months between the minimum two on-site visits, between August 23, 2025 and July 14, 2026. Findings include: 1. The laboratory began the microscopic interpretation of Mohs specimens on 8/23/2025 in the subspecialty of histopathology, with a reported annual test volume of 1,800. 2. No evidence was presented for review to indicate the laboratory director was onsite between 8/23/25 through 7/14/26. 3. The facility personnel interviewed on 7/14/26 at 12:05 PM stated the laboratory director has never been onsite.