Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0976193	11/01/2023
Name of Provider or Supplier	**Street Address, City, State**	
Russell Dermatology Of Conway Pllc	2425 Dave Ward Drive Suite 202, Conway, AR	

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
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 lack of documentation, and interviews, it was determined the laboratory failed to follow written Quality Assessment policies and procedures to monitor, assess and correct problems identified in the laboratory. Findings Follow: A. Laboratory's operating procedures step 10 states," Standard Comparison of test Results: For non-waived test for which proficiency testing is not available, the laboratory will verify accuracy and reliability twice a year." B. Review of patient potassium hydroxide (KOH) Log from October 2022 revealed two out four testing personnel did not perform or complete the verify accuracy and reliability twice a year. Testing personnel #3 on the CMS 209 form, had zero of two comparison results. Testing personnel #4 on the CMS 209 form, had one of two comparison results. C. In an interview on 11/01/2023 at 13:30 pm, technical consultant confirmed two out four testing personnel did not perform or complete the verify accuracy and reliability twice a year.