

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2166077	(X3) Date Survey Completed 03/02/2022
Name of Provider or Supplier Hull Dermatology	Street Address, City, State 9521 Sunset Dr, Bella Vista, 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
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Through a review of the KOH patient log, a review of 12 patient medical records, and interviews with laboratory staff, it was determined the laboratory failed to have a record system that included the identity of the personnel who performed the test. Survey findings include: A. During a review of the KOH patient log for 2020 through 2022, it was noted that the log failed to have a documentation of the testing person who performed the testing on each patient sample. B. The surveyor reviewed 12 patient medical records in the Electronic Medical Record system. Five medical records reviewed, had documentation of KOH microscopic examinations. One of the five medical records, with KOH microscopic exams, included the name of the individual who performed the test. C. In an interview at 3:17 on 3/2/2022, employee #6 (as listed on the Personnel Identification Worksheet) confirmed there was no documentation of the person performing the testing on four of five KOH microscopic examinations reviewed.</p>