Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D2185017	03/06/2025
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology Group Of Ar	5 Medical Park Drive, Suite 200, Benton, 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
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 upon a review of the forms presented upon request to review documentation of the twice annual verification of the accuracy of Moh's surgery and frozen section biopsy diagnosis, lack of documentation, and interviews with staff, it was determined the laboratory failed to verify the accuracy of histopathology testing at least twice annually. Survey findings follow: A) The laboratory reported an annual volume of 1689 histopathology tests performed. B) Review of the form titled "Quality Assurance, proficiency testing" sent to a "pathologist or reviewing surgeon" referred in January 2024 revealed that one case of Moh's surgery (M24-26) and one case for frozen section biopsy (F24-02) were referred for pathologist's review. C) Upon request, the laboratory could not provide documentation of other "quality assurance, proficiency testing" samples for Moh's surgery or frozen section biopsy had been submitted for review by a pathologist or other surgeon during the 2024 calendar year. D) In an interview At 01:57 p.m. on 3/6/25, the laboratory staff member (number 2 on form CMS 209) confirmed there was no additional documentation of quality assurance, proficiency testing for the calendar year 2024 and that she had only submitted one Moh's surgery case and one Frozen section biopsy case for review that year.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have

	deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based upon observations made during a tour of the laboratory, and interview with laboratory staff the laboratory had reagents available for use when they had exceeded their expiration date. Survey findings follow: A) During a tour of the laboratory at 03:: 00 p.m.on 3/6/25, the surveyor observed three bottles of dye (Violet tissue marking dye lot # 144871 expiration date 2024-02-23, Blue tissue marking dye lot # 164887 with expiration date of 2025-02-28 and, Orange tissue marking dye lot # 161406 expiration date 2025-01-31 available for use when they had exceeded their expiration date. B) In an interview on 3/6/25 at 03:00 p.m., the laboratory staff member (# 2 on the CMS 209 form) confirmed that the dyes identified above had exceeded the expiration date and were available for use.