Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D0557210	06/16/2026
Name of Provider or Supplier	**Street Address, City, State**	
Skin And Beauty Center - West Hills	7345 Medical Center Dr, Ste 310, West Hills, CA	

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
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policies and procedures, five patient testing records from 11/21/2024 to 04/02/2026, log sheet, final reports, slides, Mohs map, and an interview with the supervisor on June 16, 2026, it was determined that the laboratory failed to follow their established policies and procedures to ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. The findings include: 1. The surveyor reviewed five patient records for Dermatopathology and identified one discrepancy: a. MRN: MM0000007161 had recorded the patient's last name differently against various records, including the patient log, Mohs map, slides, and patient chart. 2. No corrective action or amendment report was available for review at the time of survey. 3. The supervisor affirmed by an interview on June 16, 2026, at approximately 10:42 a.m. that records were discrepant and missed to perform a corrective action report upon its occurrence. 4. The laboratory's testing volume declaration submitted at the time of survey stated that 260 Dermatopathology tests were performed and reported annually including the time when the discrepancies occurred.
D6093	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) (e)(5) Ensure that the quality control and quality assessment programs are established

	and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur; This STANDARD is not met as evidenced by: Based on the surveyors' review of the laboratory ' s policy and procedure, errors identified in selected patient test records, and an interview with the supervisor on June 16, 2026, this deficiency is cited for the laboratory director for failing to ensure that the quality system assessment policy and procedure were followed to maintain positive identification and optimum integrity of records. See D5203.