Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D0559333	06/04/2026
Name of Provider or Supplier	**Street Address, City, State**	
Valley Dermatologic Medical Group	18364 Clark St, Tarzana, 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
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 the laboratory's proficiency testing (PT) documentation from 2022 through 2025, and an interview with the office manager on June 4, 2026, it was determined that the laboratory failed to verify the accuracy of tests not included in Subpart I at least twice annually, as required by 42 CFR 493.1236(c). The findings include: 1. The surveyors reviewed the laboratory's proficiency testing documentation and found that one out of three testing personnel performing Mycology and Parasitology testing had no documentation for the years 2022, 2023, 2024, and 2025. 2. During an interview on June 4, 2026, the office manager confirmed that Testing Personnel 3 had no accuracy verification (alternative assessment) documentation for PPM KOH preparations, scabies microscopic examinations, and DTM testing for 2022-2025. 3. There was no corrective action available at the time of the survey. 4. According to the laboratory testing declaration (Lab-144) form submitted at the time of survey, the laboratory performed approximately 74 tests for Mycology and Parasitology annually during the time when one testing personnel failed to verify accuracy at least twice annually,
D5821	TEST REPORT CFR(s): 493.1291(k) (k)When errors in the reported patient test results are detected, the laboratory must do the following: (k)(1) Promptly notify the authorized person ordering the test and, if applicable, the individual using the test results of reporting errors. (k)(2) Issue corrected reports promptly to the authorized person ordering the test and, if

	applicable, the individual using the test results. (k)(3) Maintain duplicates of the original report, as well as the corrected report. This STANDARD is not met as evidenced by: Based on the surveyors' review of six Dermatopathology patient test reports from November 30, 2023, to April 14, 2026, and an interview with the office manager (OM) on June 4, 2026, it was determined that the laboratory failed to address errors in patient records prior to finalizing reports. The findings include: 1. The surveyors reviewed six Dermatopathology patient records and identified one record with a discrepancy in site documentation between the chart, log, and slide. a. For patient S-24-24850, examined on December 13, 2024, the pathology log recorded the site as left thigh, while both the chart and slide recorded the site as right thigh. b. No amendment report or corrective action documentation was available at the time of the survey. 2. The OM affirmed in an interview on June 4, 2026, at approximately 3:45 p.m. that the laboratory failed to address errors in patient records prior to finalizing reports. 3. According to the laboratory's testing declaration form (Lab-144) submitted at the time of survey, the laboratory performed and reported approximately 1,265 cases annually including the time when the discrepancies occurred.
D6007	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(1) (e) The laboratory director must-- (e)(1) Ensure that testing systems developed and used for each of the tests performed in the laboratory provide quality laboratory services for all aspects of test performance, which includes the preanalytic, analytic, and postanalytic phases of testing; This STANDARD is not met as evidenced by: Based on the surveyors' review of the laboratory's proficiency testing (PT) documentation from 2022 through 2025, and an interview with the office manager on June 4, 2026, it was determined that the laboratory director failed to ensure that the laboratory verified the accuracy of Mycology and Parasitology tests at least twice annually, as required under 493.1236(c) for tests not included in Subpart I. See D5217.
D6082	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(1) (e) The laboratory director must-- (e)(1) Ensure that testing systems developed and used for each of the tests performed in the laboratory provide quality laboratory services for all aspects of test performance, which includes the preanalytic, analytic, and postanalytic phases of testing; This STANDARD is not met as evidenced by: Based on the surveyors' review of laboratory records, lack of corrective action documentation and an interview with the office manager on June 4, 2026, the laboratory director is herein cited for failure to provide quality laboratory services for all aspects of testing, especially in the preanalytic, analytic and postanalytic phase of testing. The findings include: 1. The laboratory failed to address documentation errors prior to finalizing patient test reports. See D5821.