

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  05D0584696	<b>(X3) Date Survey Completed</b>  10/31/2019
<b>Name of Provider or Supplier</b>  Forefront Dermatology - Pacific, Pc	<b>Street Address, City, State</b>  105 W Mission St, Santa Barbara, CA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5203</b>	<p><b>SPECIMEN IDENTIFICATION AND INTEGRITY</b> CFR(s): 493.1232</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of a patient chart, doctor's order, patient Mohs slide label and a final report of a Mohs micrographic surgery, the laboratory failed to establish and follow written policy and procedure to ensure that a positive identification of patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. The findings included: a. On 1/17/2018 patient (TR) had an order of a Mohs micrographic surgery from; "Left anterior base of neck" location. b. The Mohs slides labels indicated as' " Right anterior base neck " for both slide #1 and slide #2. c. The anatomic sites described on the patient's plan and the slides labels revealed discrepancies. There was no documentation of corrective action for the errors. d. The laboratory staff affirmed (10/31/2019, 1300) that the laboratory has not established or follow written policy and procedure to ensure that patient's specimen is properly and accurately identified from collection to receipt, through the completion of testing and reporting of results.</p>