

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  05D0611720	<b>(X3) Date Survey Completed</b>  08/27/2025
<b>Name of Provider or Supplier</b>  Redwood Empire Dermatology, Inc	<b>Street Address, City, State</b>  6574 Oakmont Dr, Ste B, Santa Rosa, 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>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> CFR(s): 493.1236(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policy and procedure, proficiency testing (PT) records, patient record documentation, and interviews with the practice manager (PM) and laboratory director (LD); it was determined that the laboratory failed to verify the accuracy of any test or procedure performed at least twice annually for the years 2023 and 2025. The findings include: 1. The laboratory's policy and procedure for proficiency testing stated that provider-performed microscopy (PPM) tests will be performed bi-annually through the use of the American Proficiency Institute or an in-house PT program. However, review of records revealed that it was missed in the years 2023 and 2025. 2. The PM and LD affirmed by interviews on August 27, 2025, at approximately 2:50 p.m., that the laboratory missed the 2023 and 2025 PT assessment as mentioned in statements #1. Thus, the reliability and accuracy of patient tests reported cannot be assured. 3. The laboratory's testing declaration form submitted at the time of the survey stated that 51 tests for PPM were performed and reported annually, including the time when PT was missed for the years 2023 and 2025.</p>
<b>D6086</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(3)(ii)</p> <p>(e)(3)(ii) Verification procedures used are adequate to determine the accuracy, precision, and other pertinent performance characteristics of the method; and</p>

This STANDARD is not met as evidenced by:

Based on the surveyor's review of the laboratory's policies and procedures, proficiency testing documentation, patient test records and interviews with the practice manager and laboratory director on August 27, 2025, this deficiency is herein cited for failure to perform verification of test accuracy for proficiency testing at least twice annually for the years 2023 and 2025 for the testing personnel. See D5217.