Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D0688237	12/16/2025
Name of Provider or Supplier	**Street Address, City, State**	
Advanced Dermatology And Cosmetic	28212 Kelly Johnson Pkwy Ste 245, Valencia, 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
D3031	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3) Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. In addition, retain the following: This STANDARD is not met as evidenced by: Based on the review of the laboratory's protocol for Mohs, ten (10) Mohs patient test records, lack of documentation of stain log, and interviews with the office manager (OM) on December 16, 2025; it was determined that the laboratory failed to document the stains used. The findings include: 1. The laboratory's practice was to document all activities at each patient Mohs day schedule that included but not limited to, patient log, quality control, cryostat temperature and preventive maintenance, and stain log. 2. The surveyor reviewed 10 Mohs patient records from October 10, 2023 to November 4, 2025 wherein: a. The stains used on two dates were not recorded: i. On October 10, 2023, had a total of nine patients examined. ii. On November 14, 2023, had a total of fifteen patients examined. 3. During an interview on December 16, 2025 at approximately 1:53 p.m., the OM stated that the "Hematoxylin and Eosin Stain Log" was not included in the documentation that staff checked at each Mohs surgery day. 4. According to the testing declaration form submitted at the time of survey, the laboratory performed and reported 4,000 Dermatopathology cases that included the Mohs slide reviewed for pathology interpretation. .
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.

	This STANDARD is not met as evidenced by: Based on the surveyor's review of laboratory's policies and procedures, microscope preventive maintenance (PM) documentation, twenty patient records for Dermatopathology test records, and an interview with the office manager (OM) on December 16, 2025; it was determined that the laboratory failed to follow the established policy and procedure for the calibration and preventive maintenance (PM) of the micrscope as defined by the manufacturer, with at least the frequency recommended for the laboratory's equipment prior to patient testing. The findings include: 1.The laboratory's policy for the microscope PM was to have it serviced every six months wherein the second service for 2024 was missed. The gap of service covered from 12/28/2024 to 4/16/2025. 2. No corrective action report to document the lack of micrscope PM was available for review at the time of the survey. 3. The suryeyor reviewed twenty patient records from August 30, 2023 to November 19, 2025. Four patients were affected by the micrscope PM gap. The dates are as followed: a. 1/7/2025 b. 2/4/2025 c. 3/10/2025 d. 3/19/2025 4. The OM affirmed by an interview on December 16, 2025, at approximately 1:53 p.m., that the laboratory missed the second PM for 2024, thereby affecting patients seen on the dates mentioned in statement #3. 5. According to the testing volume declaration submitted at the time of the survey, the laboratory performed and reported approximately 4,000 tests annually for Dermatopathology including the period when the microscope PM was missed. .
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 surveyor's review of the laboratory's policy and procedure, preventive maintenance log, randomly selected patient test records and an interview with the office manager (OM) on December 16, 2025; the laboratory director is herein cited due to failure to ensure that quality assessment programs were maintained to assure the quality of laboratory services provided and to identify errors as it occur. The findings include: 1. The laboratory failed to document and check the stain log for October 10, 2025, and November 14, 2025. See D3031 2. the laboratory failed to follow their established policy for microscope preventive maintenance. See D5429