| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 05D0696402 | 09/17/2026 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Csi Medical Group | 3562 Round Barn Circle, Ste 320, Santa Rosa, 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 |
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| **D5203** | SPECIMEN IDENTIFICATION AND INTEGRITY<br>CFR(s): 493.1232<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on the surveyor's review of the laboratory's policies and procedures, eight patient testing records from April 27, 2023 to August 14, 2026, log sheet, final reports, slides, Mohs map, and interviews with the regional manager and practice manager on September 17, 2026, 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 eight patient records for Dermatopathology from April 27, 2023 through August 14, 2026, three discrepancies in the documented specimen site or location: a. Mohs case Z23-339, examined on November 30, 2023, was documented in the patient log and Mohs map as right nasal ala, while the final report documented right nasal sidewall. b. Mohs case Z25-008, examined on January 23, 2025, was documented in the patient log as left cheek, while the Mohs map and final report documented left central malar cheek. c. Mohs case Z26-005, examined on February 5, 2026, was documented in the patient log and slides as left pretibia, while the Mohs map and final report documented left distal pretibial region. 2. The regional manager and practice manager confirmed during interviews on September 17, 2026, at approximately 12:55 p.m., that records were discrepant and that a corrective action report had not been completed at the time of occurrence. 3. The laboratory's testing volume declaration |

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| | submitted at the time of survey stated that 100 Dermatopathology cases were performed and reported annually including the time when the discrepancies occurred. . |
| **D6079** | LABORATORY DIRECTOR RESPONSIBILITIES<br>CFR(s): 493.1445(a)(b)<br><br>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, record and report test results promptly, accurately and proficiently, and for assuring compliance with the applicable regulations. (a) The laboratory director, if qualified, may perform the duties of the technical supervisor, clinical consultant, general supervisor, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications under 493.1447, 493.1453, 493.1459, and 493.1487 respectively. (b) If the laboratory director reapportions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of eight Dermatopathology cases (4/27/20238/14/2026), the patient log, Mohs maps, slides, final reports, and interviews on September 17, 2026 with the regional manager and practice manager, the laboratory director failed to ensure consistent specimen identification for the three cases that showed mismatched anatomical site documentation across records. See D5203 |