

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0718779	(X3) Date Survey Completed 11/30/2018
Name of Provider or Supplier Advanced Dermatology Surgery And Medical Group	Street Address, City, State 3650 E South St Ste 306, Lakewood, 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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on the absence of documentation and an interview with a office staff, the laboratory failed to maintain the final result of their Moh's procedures. Findings include: a. Three Moh's procedures patients were selected as survey sampling: July 27, 2018, TS, shoulder; April 19, 2018, OC, nasal bridge; and September 23, 2017, GB, sternum. The laboratory's documentation for these patients lacked the final test result. b. A office staff confirmed (November 30, 2016, 10:15 A.M.) that the laboratory was not able to produce documentation of the final results for the above Moh's procedure.</p>