

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0875883	(X3) Date Survey Completed 07/12/2019
Name of Provider or Supplier Skin Cancer And Dermatologic Surgery	Street Address, City, State 421 N Rodeo Dr, Ste T-7 2nd Fl, Beverly Hills, 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
D5219	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(2)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure listed in subpart I of this part for which compatible proficiency testing samples are not offered by a CMS-approved proficiency testing program.</p> <p>This STANDARD is not met as evidenced by: Based on the request/lack of documentation of biannual verification for biopsy examinations and interview with office personnel, the laboratory failed to verify the accuracy of their biopsy examinations for 2018. Findings include: a. Upon request, the laboratory was unable to present verification of accuracy for their biopsy examinations for 2018. b. Office personnel confirmed (Personnel E and A, 7/12/2019 at 9:37 A.M.) that the laboratory did not have documentation of biannual verification of accuracy for their 2018 biopsy examinations. c. The laboratory performed approximately 600 patient biopsies in 2018 without documenting biannual verification of accuracy for this test.</p>