

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0933383	(X3) Date Survey Completed 03/03/2020
Name of Provider or Supplier Golden State Dermatology - Merced	Street Address, City, State 388 E Yosemite Ave Ste 100, Merced, 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
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient histopathology and Mohs surgical procedures slides, patient final testing reports (medical records), slide labeling and interview with the laboratory personnel, it was determined that from 01/30/2018 through 02/18/2020 for one (1) out of twelve (12) random patients' testing records reviewed, the laboratory failed to follow written policies and procedures for specimen collection, labeling and Mohs surgery reports for each biopsy specimen. The findings included: a. Review of five (5) Mohs patient slides, specimen ID 19-009 (Rt Post Ear) 12/13/2019, the slide unique identifier 19-009 found on the Mohs surgical slides did not match the unique identifier (Mohs Case number 19-069) found on the final patient's testing report. b. On 03/03/2020 16:30 (survey date), the laboratory personnel confirmed that the unique slide identifier(ID 19-009) found on the (5) Mohs slides did not match the unique slide identifier (Mohs Case number 19-069) reported in the patient's final testing report. c. Based on the laboratory's annual test volume declaration (02/25/2020) the laboratory performed 3,800 histopathology and (Mohs) tests annually.</p>