

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0971208	(X3) Date Survey Completed 03/16/2021
Name of Provider or Supplier West Hills Dermatology Group	Street Address, City, State 7230 Medical Center Dr Ste 404, West 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
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 ten (10) randomly selected patient biopsy (Mohs) slides, patient final testing reports (electronic medical records (EMR), slide labeling, and interview with the laboratory personnel, it was determined that from 01/10/2019 through 02/04/2021 for 1 out of 10 random patient testing records reviewed, the laboratory failed to follow written policies and procedures for specimen collection, labeling and biopsy reports for each biopsy specimen. The findings included: 1. Review of patient slide Ref. Biopsy # DD20-6528, Location (L Ventral Forearm 02/13/20) and the unique identifier Location (proximal hand) transcribed in the patient's final testing report (EMR) did not match. 2. On 03/16/2021 11:30 a. m. (survey date), the laboratory personnel affirmed that the unique identifier (Location) found on the biopsy(Mohs) slide did not match the unique identifier (Location) in the patient's final testing report (EMR). 3. Based on the laboratory's annual test volume declaration (03/16/2021) the laboratory performed 320 patient biopsies (Mohs) annually.</p>