

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1005661	(X3) Date Survey Completed 02/23/2021
Name of Provider or Supplier Redwood Family Dermatology	Street Address, City, State 2725 Mendocino Ave, 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
D6103	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13)</p> <p>The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the competency reporting data and interviews with the LP, it was determined that the staff competency reports were missing for 2019. The director is responsible for ensuring that policies and procedures are established for monitoring individuals who conduct testing. Competency reports are required each year for testing personnel if employed longer than one year, and each six months for staff employed less than one year. See D-6127</p>
D6127	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)</p> <p>The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's records for evaluation of competency reporting and an interview with laboratory personnel (LP) on 2/23/2021 between 2 p.m . and 3:30 p.m, it was determined that the staff competency reports for</p>

2019 were missing. Findings include: 1. On 2/23/2021, an inspection was conducted between 2 p.m. and 3:30 p.m. 2. During a review of the laboratory documentation for staff competency, the reporting for all personnel was missing for 2019. Competency testing is required for testing personnel once each year for staff employed longer than one year, and every six months for staff employed less than one year. 3. The competency reports were present for 2020. 4. The findings were discussed with the LP, and they verified that the 2019 records were absent.