Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D1013059	06/04/2026
Name of Provider or Supplier	**Street Address, City, State**	
Dermatologist Medical Group Of North County Inc	1200 Garden View Rd, Ste 108, Encinitas, 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
D3011	FACILITIES CFR(s): 493.1101(d) Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials. This STANDARD is not met as evidenced by: Based on the lack of a written laboratory Safety Plan and interviews with Pathology Manager (PM), Chief Executive Officer (CEO) and Medical Assistant (MA); the laboratory failed to have and follow written safety procedures to ensure protection from physical and biohazardous materials. The findings include: 1. The laboratory failed to have and follow a written laboratory Safety Plan (policies and procedures) based on a risk assessment to provide protection from physical and biohazardous materials as needed. There were no written policies and procedures for biological or chemical spills, cuts, or injuries caused by glass slides breakage. 2. The PM, CEO, and MA affirmed by interview on June 4, 2026, at approximately 2:30 p.m., that the laboratory lacked a written laboratory Safety Plan based on a risk assessment that is approved, signed, and dated by the laboratory director. 3. The safety of laboratory personnel cannot be assured at this time. 4. The annual testing declaration form submitted at the time of the survey stated 6,150 patient samples were processed and reported for Histopathology, Mycology and Parasitology during the time when the laboratory failed to have and follow written safety procedures.
D5291	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231

	through 493.1236. This STANDARD is not met as evidenced by: Based on the surveyors' review of the laboratory's policies & procedures, eight (8) randomly selected patients' test records, and interview with the laboratory's Pathology Manager (PM), Chief Executive Officer (CEO) and Medical Assistant (MA; the laboratory failed to establish and follow written policies and procedures to assess quality of its preanalytical and postanalytic systems. The findings include: 1. The laboratory did not have a complete quality assurance plan with policies and procedures that included document retention, storage of pathology glass slides, turn-around -time (TAT) of pathology reports, and complaint investigation policies. 2. The PM, CEO, and MA on the day of the survey at approximately 2:40 p.m., affirmed that the laboratory did not establish policies and procedures as stated above in 1. as part of their quality assurance plan for its preanalytic and postanalytic phases of laboratory sample testing. 3. The laboratory's testing declaration form signed by the laboratory director on 6/02/2026 stated that the laboratory performed approximately 6,150 sample tests annually for which a complete quality assurance plan with policies and procedures that included policies for sample and document retention, storage of slides, TAT, and complaint investigation were as not available.
D6082	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(1) (e) The laboratory director must-- (e)(1) Ensure that testing systems developed and used for each of the tests performed in the laboratory provide quality laboratory services for all aspects of test performance, which includes the preanalytic, analytic, and postanalytic phases of testing; This STANDARD is not met as evidenced by: Based on the surveyors' review of the laboratory's policies and procedures, eight (8) randomly selected patient test records, and interviews with the laboratory's Pathology Manager, Chief Executive Officer, and Medical Assistant; the laboratory director is herein cited for failure to provide quality laboratory services for all aspects of testing, especially in the analytic and postanalytic phase of testing. The findings include: 1. The laboratory failed to have a written laboratory Safety Plan based on a risk assessment for injuries and biological/chemical spills. See D3011 2. The laboratory failed to have policies and procedures for document retention, storage of pathology glass slides, turn-around -time (TAT) of pathology reports, and complaint investigation policies. See D5391.