Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D1029386	10/16/2025
Name of Provider or Supplier	**Street Address, City, State**	
Advanced Dermatology	210 S Grand Ave, Ste 208, Glendora, 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
D5415	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c) (c) Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (c)(1) Identity and when significant, titer, strength or concentration. (c)(2) Storage requirements. (c)(3) Preparation and expiration dates. (c)(4) Other pertinent information required for proper use. This STANDARD is not met as evidenced by: Based on the surveyor's observation during the laboratory's tour and interviews with the area practice manager (AM), and administration personnel (AP), the laboratory failed to label reagents used in the laboratory to indicate the received date, opening, preparation, and expiration dates when such materials are used. The findings include: 1. Based on the surveyor's observation during the laboratory's tour on October 16, 2025, at approximately 3:30 p.m. no received date, opening date, and preparation labels were used or documented for reagents used in the laboratory. 2. There was not a reagent log available for the date received, lot number, expiration date and, and opening date. 3. The laboratory's AM and AP affirmed by interview conducted on October 16, 2025, at approximately 3:45 p.m. that the reagents used in the laboratory for Mohs procedure were not labeled with the received date, opening, preparation, and /or expiration date and that a reagent log was not available at the time of the survey. 4. Based on the laboratory's annual testing declaration submitted at the time of the survey, the laboratory analyzed approximately 200 samples for Mohs test procedure using reagents not labeled as regulated.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and

	other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on the surveyor's examination of laboratory reagents and interview with the laboratory's area practice manager (AM) and other laboratory administration personnel (AP); the laboratory failed in not using reagents when they have exceeded their expiration date. The findings include: 1. Based on the surveyor's examination, the laboratory stored expired reagent: tissue marker Lot # 23214 Expired 08/31/2025. No other non-expired tissue marker was available for replacement. 2. The AM and AP affirmed on October 16, 2025, at approximately 3:30 p.m., that the laboratory only had at the time of the survey expired tissue marker reagent used for sample staining for microscopic examination. 3. Based on the laboratory's submitted testing declaration test volume, the laboratory stained and tested and reported approximately 200 samples for Histopathology microscopic examination for some of which they might have used expired staining reagents.
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by: Based on the surveyor's direct observation during the laboratory tour, review of the laboratory's policies and procedures, preventive maintenance (PM) documentation, four (4) patient records, and interviews with the laboratory's area practice mnager (AM); the laboratory failed to establish and follow a policy and procedure in place for the calibration of the thermometers as defined by the manufacturer, with at least the frequency recommended for the laboratory's equipment prior to patient testing. The findings include: 1.The laboratory failed to provide PM documentation for the year 2024 and 2025 for the digital thermometers used in the laboratory according to manufacturer's requirements, to be performed annually. 2. No corrective action report was available for review at the time of the survey. 3. The AM affirmed by interviews on October 16, 2025, at approximately 3:40 p.m., that the laboratory missed the PM for the years 2024, and 2025 for the thermometers used to measure room temperature and humidity during patients' Mohs sample processing and storage of permanent glass slides. 4. According to the testing volume declaration submitted at the time of the survey, the laboratory performed and reported approximately 200 tests annually for Histopathology- Mohs during the time annual equipment PM for the thermometer was missed to be performed and documented.
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 surveyor's direct observation during the laboratory tour, review of the laboratory's policies and procedures, randomly selected patient test records, and interviews with the area practice manager and administration personnel on October 16, 2025; the laboratory director is herein cited due to failure to ensure that several aspects of the analytic phases of the laboratory testing were monitored. The findings include: D5415, D5417, and D5429.