

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1036234	(X3) Date Survey Completed 08/07/2018
Name of Provider or Supplier Sonoma Dermatology	Street Address, City, State 461 7th St W Ste 3, Sonoma, 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
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)</p> <p>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 postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's patient log book, slides, random patient sampling records, and interview with the office personnel, it was determined that the laboratory failed to establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems. The findings included: a. Based on review of (patient #1), insurance card copy issued to patient against; i. laboratory's patient log book, ii. patient's specimen slide, The patient's last name and first name were written differently from the issued insurance card. b. Based on review of (patient #2): specimen slides (stages I-III), the laboratory cannot retrieve the stored stage number 2 slide, ordered, analyzed and reported on 9/19/2016. c. The laboratory failed to establish, follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems. d. The office personnel affirmed (8/7/2018, 12N), that the laboratory has no established or written policy and procedure to correct any problems that are identified.</p>