

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1043833	(X3) Date Survey Completed 02/04/2020
Name of Provider or Supplier Dermatology Associates	Street Address, City, State 1850 Redondo Ave Ste 108, Signal Hill, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the laboratory records for evaluation of proficiency testing performance and an interview with the laboratory director (LD), it was determined that the laboratory failed to twice annually document and verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. The findings included: a. The laboratory performs histopathology (Mohs) testing. b. The laboratory director affirmed that the laboratory failed to verify the accuracy of its histopathology Mohs at least twice a year in the 2019 timeframe. This was reviewed during a meeting with the laboratory director on 2/4/2020 at approximately 2 p.m.</p>