

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1056357	(X3) Date Survey Completed 09/14/2023
Name of Provider or Supplier Island Dermatology	Street Address, City, State 360 San Miguel Dr, Ste 501, Newport Beach, 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 observation of the Leica CM1520 cryostat, serial number 1028, and the Unico and the Nikon microscopes; review of laboratory records from 2021 - 2023, and interview with laboratory administrative personnel, the laboratory failed to verify the accuracy of testing performed by Mohs surgeon-Y in 2022. Findings included: 1. Review of Mohs records dated 1/05/22 and 5/25/22 documented Mohs surgeon-Y as performing the procedures. 2. The laboratory failed to provide for review 2022 records verifying the accuracy of Mohs procedures performed by Mohs surgeon-Y. 3. Laboratory administrative personnel affirmed (9/14/23 at 11:00am) the aforementioned findings. 4. The reliability and quality of procedures performed by Mohs surgeon-Y in 2022 could not be assured in the absence of records at least twice annually verifying the accuracy of testing. .</p>