

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1070461	(X3) Date Survey Completed 04/27/2021
Name of Provider or Supplier Golden State Dermatology Associates	Street Address, City, State 2490 Hospital Dr, Ste 201, Mountain View, 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 an audit of 5 patient reports (in the date range of 1/1/2018-3/31/2021) and the associated tissue slides, the laboratory failed to document a discrepancy identified between the slide case number and the case number on the histopathology report. Findings include: 1. On 4/27/2021, an audit was conducted with a review of 5 randomly selected histology and MOHS patients between 3:00 pm and 4:30 pm. 2. One patient report/slide set demonstrated an inconsistency with the slide label case number (1092) and the associated report in the histopathology report electronic record (1093). 3. The laboratory personnel (LP) confirmed that the above description was inconsistent and that no corrective action workup was completed. 4. Upon an additional review of several cases, the slide number inconsistency was evident. 5. The case dates and patient names on the cases reviewed were consistent and matched correctly.</p>