

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1078752	(X3) Date Survey Completed 09/28/2023
Name of Provider or Supplier Solano Dermatology Associates	Street Address, City, State 600 Nut Tree Rd, Ste 260, Vacaville, 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 review of laboratory records, the lack of records, and interview with a laboratory administrative person, the laboratory failed to verify the accuracy of Mohs procedures at least twice in 2022. Findings included: 1. It was the practice of the laboratory to select several cases of Mohs procedures from different dates for slides review ("Peer review") as the means to satisfy the requirement to verify the accuracy of testing at least twice annually. 2. Records for 2022 documented only one case was reviewed to verify accuracy. 3. The laboratory administrative person affirmed (9/28 /23 at 3:30 pm) the single case in 2022 was a permanent slide and that no additional slides from routine Mohs procedures had been selected for Peer review. 4. And thus, the accuracy, reliability, and quality of Mohs procedures performed in 2022 were not assured. 5. The laboratory performed 167 Mohs procedures annually (CMS116- CLIA Application, 9/12/23). .</p>
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 the deficiency cited and interview with the laboratory administrative person,</p>

the laboratory failed to establish a written policy and procedure for an ongoing practice to monitor, assess, and when identified, correct problems in the postanalytic systems. Findings included: 1. The laboratory failed to monitor records in 2022. See D5217. .