Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D1092687	07/24/2025
Name of Provider or Supplier	**Street Address, City, State**	
Eye Associates Medical Group Inc	14709 Lakeshore Dr, Clearlake, 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
D5821	TEST REPORT CFR(s): 493.1291(k) (k)When errors in the reported patient test results are detected, the laboratory must do the following: (k)(1) Promptly notify the authorized person ordering the test and, if applicable, the individual using the test results of reporting errors. (k)(2) Issue corrected reports promptly to the authorized person ordering the test and, if applicable, the individual using the test results. (k)(3) Maintain duplicates of the original report, as well as the corrected report. This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's quality assessment policy /procedure, five Dermatopathology patient records, and interviews with the administrator and manager, it was determined that the laboratory failed to correctly document patient information upon its occurrence. The findings include: 1. The surveyor reviewed five Dermatopathology patient records dated from October 19, 2022, to April 22, 2025. Three out of five records contained discrepancies in the following: a. Patient M22-078, examined on October 19, 2022, recorded site at right temple on the patient log sheet, actual patient photos, and slides. However, final notes reviewed in the electronic medical record (EMR) documented right forehead. b. Patient M23-014, serviced on February 27, 2023, the patient log sheet noted examination up to stage II, whereas the EMR and Mohs map only reflected documentation up to stage I, despite slides showing information up to stage III. c. Patient M24-014, scheduled last March 4, 2024, recorded site at left proximal dorsal middle finger on the patient log sheet, Mohs map, and EMR. However, the slides omitted the anatomical distinction. 2. The laboratory's protocol involved daily checks of patient information recorded across all documentation. However, the discrepancies mentioned in statement #1 had no documentation of corrective action available for review at the time of survey. 3. The administrator and supervisor affirmed by interviews on July 24, 2025, at approximately 11:10 a.m., that the discrepancies

	occurred were missed during the quality assessment check. The accuracy and reliability of patient tests reported cannot be assured. 4. According to the laboratory's testing declaration form submitted at the time of the survey, the laboratory performed and reported approximately 300 Dermatopathology tests, including the time when the discrepancies in the records occurred.
D6098	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(8) (e)(8) Ensure that reports of test results include pertinent information required for interpretation; This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policy/procedure, five Dermatopathology patient test reports, and interviews with the administrator and manager, the laboratory director is herein cited for failure to ensure that the test reported included the correct pertinent information required for interpretation and record keeping. See D5821.