Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1105275	(X3) Date Survey Completed 01/20/2021
Name of Provider or Supplier Inspire Health Medical Group - Dermatology	**Street Address, City, State** 2335 E Kashian Ln, Ste 410, Fresno, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's records for evaluation of proficiency testing performance, ten (10) random selected patient test reports from 01/22/2019 to 10/09/2020 and an interview with laboratory personnel (LP.), it was determined that the laboratory failed to at least twice annually, document their quality assurance/proficiency testing. The Findings include: 1. On 01/20/2021 (survey date) 11:30 a.m. the laboratory personnel was unable to retrieve any documentation for least twice annually quality assurance/proficiency (peer review) for the years 2019 and 2020 for histopathology (Mohs) slide test review. 2. The laboratory personnel confirmed on 01/20/2021 at 11:30 a.m. that the twice annually quality assurance documentation for the histopathology (Mohs) slide reviews 2019 and 2020 could not be retrieved.