

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2007864	(X3) Date Survey Completed 05/12/2026
Name of Provider or Supplier Advanced Dermatology Care Inc	Street Address, City, State 2262 Camino Ramon Ste 200, San Ramon, 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
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>(a) The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Based on review of 2024-2026 laboratory records for Mohs procedures and interview with Medical Assistants 1, 2, and 3; it was revealed that the identity of the Testing Person/Mohs Surgeon was not recorded on the Mohs maps and the Mohs Surgery Procedure Notes. Findings included: 1. The laboratory reported 3 testing persons performing Mohs procedures [CMS209, Laboratory Personnel (CLIA), 4/15/26]. 2. Twenty-five out of 25 Mohs maps reviewed failed to record which Mohs Surgeon performed the procedure and approved the maps drawn with assistance from Medical Assistants. 3. Laboratory records from 2024-2026 titled, "Mohs Procedure Note", failed to identify the Mohs Surgeon for 7 out of 25 cases, as follows: Date Mohs Case # ----- 1/25/24 24-018 6/15/24 24-194 8/29/24 24-291 12/07/24 24-419 4/19/25 25-113 6/17/25 25-197 9/11/25 25-284 4. Medical /Laboratory assistants - 1, 2, and 3 affirmed (5/12/26 at 1:30 PM) the aforementioned findings in which the identify of the Testing Person was not recorded. .</p>
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems</p>

identified in the postanalytic systems specified in 493.1291.

This STANDARD is not met as evidenced by:

Based on review of laboratory records for Mohs procedures and interview with Medical/Laboratory Assistants and the Laboratory Director, it was revealed the laboratory failed to establish a written procedure and ongoing process to monitor records for accuracy, identify discrepancies and errors, determine root cause, and apply corrective action. Findings included: 1. Records for 7 out of 25 Mohs Cases had errors, as follows: a. For 4 out of 25, the Mohs Procedure Note, Mohs map, and slides documented 2 Stages, but the Mohs Patient Log recorded 1 Stage for the following: Case # 24-018 Case # 24-195 Case # 25-332 Case # 25-284 b. For 1 out of 25, the Mohs Procedure Note and Mohs map documented 1 Stage, but the Slides included 2 Stages and the Mohs Patient Log recorded 2 Stages, as follows: Case # 25-361 c. For 2 out of 25, Office Visit Chart notes documented the patient was seen by Testing Person-3, who performed Punch biopsies. The Pathology Report incorrectly stated Biopsy was performed by Testing Person-1, as follows: Case # 25-0441 Case # 25-0442 2. Medical/Laboratory Assistants 1, 2, and 3 affirmed (5/12/26 at 1:00PM) the aforementioned discrepancies between records and the lack of a process to check records for errors, make corrections, and improve the quality of the record keeping processes. .

D6093

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1445(e)(5)

(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;

This STANDARD is not met as evidenced by:

Based on findings and deficiencies cited, the Laboratory Director is herein cited for deficient practice in providing oversight and establishing a written procedure and practice including, but not limited to, self audits for monitoring records, identifying errors, and applying actions for correction and process improvement. Findings included: 1. Under the Laboratory Director's supervision, Testing Personnel/Mohs Surgeons were not identified in Mohs records. See D5787. 2. Under the Laboratory Director's supervision, the laboratory failed to have a written SOP (standard operating procedure) and practice to perform regular self audits and establish processes to review records for errors, determine root cause, make corrections and apply changes for quality improvement, See D5891.