

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2017622	(X3) Date Survey Completed 05/21/2019
Name of Provider or Supplier Duke Khuu Md Faad DbA Khuu Dermatology	Street Address, City, State 889 Castro St, 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
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 10 (ten) randomly selected patients records from 02/11/2017 to 05/11/2019, Mohs surgical procedure documents, an interview with the laboratory director and lack of documentation of twice a year verification of the accuracy of the test or procedure, it was determined that the laboratory failed to at least twice a year verify the accuracy of the Mohs surgical procedure performed and reported for 2017, 2018. The findings included: a. On 05/21/2019 (survey date) the laboratory was unable to retrieve documentation of twice a year verification of accuracy for Mohs procedures performed and reported for the years 2017 and 2018. b. On 05/21/2019 11:30 the laboratory director confirmed that no review of twice a year verification the accuracy of the Mohs surgical procedures were performed in 2017 and 2018. c. The laboratory testing declaration of 05/17/2019 estimated an annual Mohs surgical procedures performed 120 patient tests.</p>
D6103	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13)</p> <p>The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills.</p>

This STANDARD is not met as evidenced by:
Based on review (05/21/2019) of laboratory policies and procedures, and an interview with the laboratory director it was determined that the laboratory director failed to ensure written policies and procedures were established for monitoring individuals who conduct preanalytical, analytical and postanalytical phases of testing to assure that they are competent and maintain their competency (See D5217).