

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2054758	(X3) Date Survey Completed 11/17/2025
Name of Provider or Supplier Mohs Micrographic Surgery Laboratory	Street Address, City, State 3140 Kearney St, Bldg 2, 2nd Fl, Fremont, 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 2023-2025 laboratory records including the Mohs Log Book, Mohs Slides, Chart/Progress notes, and interview with laboratory personnel, it was determined that the records failed to maintain accuracy in specimen identification. Findings included: a. MOHS CASE NUMBER ID Mohs Log Book Mohs Slides ----- 23-057 Error: 23-056 23-058 Error: 23-057 b. MOHS LOG BOOK 1. For Mohs Case # 25-382, the Log Book recorded II Stages, but the Chart notes and Mohs Map specified III Stages (11/14/25). c. CHART NOTES 1. Mohs Case # 23-325: the anatomical site was not identified in the patient's chart (11/10/23). 2.. Mohs Case # 23-009: the anatomical site was identified as Left nose in the patient's chart, but identified as Right Nose in the photograph, Mohs Map, and Mohs Slides (1/12/24). d. The laboratory person affirmed (11/17/25 at 4:30 PM) the aforementioned findings. e. The reliability and quality of specimen identification throughout the records could not be assured during this Survey. The laboratory performed 400 Mohs procedures annually (CMS116 CLIA Application, 11/14/25). .</p>
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an</p>

ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283.

This STANDARD is not met as evidenced by:

Based on the findings and deficiency cited (D5787), it was determined that the laboratory failed to establish reliable review processes to ensure the accuracy, reliability, and quality of their records pertaining to Mohs procedures. Findings included: a. Problems found during this Survey occurred in 2023, but were not detected or corrected in 2023. b. Problems occurred in 2024, but were not detected or corrected in 2024. c.. Problems occurred in 2025, but were not detected until this Survey of laboratory records. d. See D5787.