

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2075128	(X3) Date Survey Completed 01/04/2019
Name of Provider or Supplier Ucla Health Beach Cities	Street Address, City, State 514 N Prospect Ave Ste 103, Redondo Beach, 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
D5779	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(a)</p> <p>Corrective action policies and procedures must be available and followed as necessary to maintain the laboratory's operation for testing patient specimens in a manner that ensures accurate and reliable patient test results and reports.</p> <p>This STANDARD is not met as evidenced by: Based on Surveyor review of laboratory's policy & procedure, random patient testing records, evaluation of proficiency testing performance records, and interview with the laboratory personnel, the laboratory failed to take a corrective action after identifying an unacceptable difference in the evaluation of proficiency testing. The findings include: a. The laboratory performed a pathologist bi-annual proficiency evaluation with 2 cases for the period of 1/31/2017 - 6/30/2017. In one case, the cross check interpretation was positive while the original interpretation was negative. The laboratory noted "see attached path report for explanation incomplete tumor removal" in the discussion and comments section. The path report that the laboratory referred to was the original biopsy report which was reported before the Mohs procedure. The laboratory did not have any document showing that any corrective action was taken for the above discrepancy. b. On January 4, 2019 at 12:27 pm laboratory personnel affirmed that the laboratory did not have any records for the corrective action taken. c. The laboratory's testing declaration form, signed by the laboratory Director on December 27, 2018, stated that the laboratory performs 300 tests annually.</p>
D6092	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iv)</p> <p>The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.</p>

This STANDARD is not met as evidenced by:
Based on Surveyor review of patient testing records, laboratory's policy & procedure, evaluation of proficiency testing performance records, lack of corrective action records and documentation, and interview with the laboratory personnel, the laboratory Director failed to ensure that an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory. The findings include: See D5779