

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2087829	(X3) Date Survey Completed 01/17/2018
Name of Provider or Supplier Advanced Dermatology & Skin Cancer Specialists	Street Address, City, State 1180 N Indian Cyn Dr Ste E315, Palm Springs, 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
D5391	<p>PREANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1249(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the preanalytic systems specified at 493.1241 through 493.1242.</p> <p>This STANDARD is not met as evidenced by: Based on Surveyor review of laboratory's policy & procedure, random patient testing records, quality assessment records, and interview with the laboratory personnel, the laboratory failed to follow its quality assessment plan. The findings include: a. The laboratory could not provide any documentation of its ongoing quality assessment activities, although it has established a written policy and procedure for an ongoing mechanisms to monitor and assess pre-analytic, analytic and post-analytic phases. The laboratory's policy and procedure states, "Twice a year 2 randomly selected cases will be followed from pre-analytic, analytic and post-analytic phases. Each case will be recorded on the comprehensive systems quality assessment semi-annual report form along with patient pre-analytic, analytic and post-analytic documentation". b. On January 17, 2018 at 3:21 pm laboratory personnel affirmed that the laboratory did not have any records for the quality assessment activities. c. The laboratory's testing declaration form, signed by the laboratory Director on January 17, 2018, stated that the laboratory performs 250 tests annually.</p>
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p>

This STANDARD is not met as evidenced by:
Based on Surveyor review of patient testing records, lack of quality assessment records and documentation, and interview with the laboratory personnel, the laboratory Director failed to ensure that the quality assessment programs are maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. The findings include: See D1249