Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D2120302	02/18/2026
Name of Provider or Supplier	**Street Address, City, State**	
La Jolla Cosmetic Laser And Surgery Center	7720 Fay Ave, La Jolla, 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
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policies and procedures, patient testing records, log sheet, final reports, slides and interviews with the practice manager (PM) and office manager (OM) on February 18, 2026, it was determined that the laboratory failed to follow established policies and procedures to ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. The findings include: 1. The surveyor reviewed ten patient records for Dermatopathology and identified two discrepancies: a. Case#24-021 had the patient's last name inconsistent across various records, including the patient log, Mohs map, slides, and patient chart. b. Case#25-112 was incorrectly transcribed on the visit note /final report as Case#25-111, which was assigned to another patient examined on the same day. 2. No corrective action or amendment report was available for review at the time of survey. 3. The PM and OM affirmed by interviews on February 18, 2026, at approximately 5:00 p.m. that records were discrepant and missed to perform a corrective action report upon its occurrence. 4. The laboratory's testing volume declaration submitted at the time of survey stated that 262 Dermatopathology tests were performed and reported annually including the time when the discrepancies occurred.
D6098	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(8)

	(e)(8) Ensure that reports of test results include pertinent information required for interpretation; This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policy and procedure, ten Dermatopathology patient test reports, quality assurance documentation, and interviews with the practice manager and office manager on February 18, 2026, the laboratory director is herein cited for failure to ensure that the test reported included the correct pertinent information required for interpretation and record keeping. See D5203.