

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2142371	(X3) Date Survey Completed 07/01/2025
Name of Provider or Supplier Laser Skin Care Center	Street Address, City, State 11 Almond Tree Ln, Irvine, 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
D5815	<p>TEST REPORT CFR(s): 493.1291(h)</p> <p>(h) When the laboratory cannot report patient test results within its established time frames, the laboratory must determine, based on the urgency of the patient test(s) requested, the need to notify the appropriate individual(s) of the delayed testing.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory's policies and procedures, patient test records review from 12/14/2023 to 06/05/2025, and interview with the technical consultant (TC); the laboratory failed to have a policy for turn-around time (TAT) for all histopathology tests performed in the laboratory. 1. The laboratory failed to provide TAT of testing for five (5) out of five (5) randomly selected patients at the time of the survey (July 1, 2025). The laboratory did not provide a TAT policy which may adversely impact patient management. 2. The laboratory TC on July 1, 2025, at approximately 11:45 a. m. affirmed that the laboratory did not have a TAT policy to notify any delay on testing to the submitters. 3. The laboratory's testing declaration form, signed by the laboratory director on 6/20/25025, stated that the laboratory performs approximately 5 tests annually.</p>