Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D2144192	07/23/2025
Name of Provider or Supplier	**Street Address, City, State**	
Redwood Family Dermatology	555 S Dora St Ste B, Ukiah, 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
D5821	TEST REPORT CFR(s): 493.1291(k) (k)When errors in the reported patient test results are detected, the laboratory must do the following: (k)(1) Promptly notify the authorized person ordering the test and, if applicable, the individual using the test results of reporting errors. (k)(2) Issue corrected reports promptly to the authorized person ordering the test and, if applicable, the individual using the test results. (k)(3) Maintain duplicates of the original report, as well as the corrected report. This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's quality assessment policy /procedure, five Dermatopathology patient records, and an interview with the supervisor, it was determined that the laboratory failed to correctly document patient information upon its occurrence. The findings include: 1. The surveyor reviewed five Dermatopathology patient records dated from October 14, 2023, to July 12, 2025. One out of five records contained discrepancies in the following: a. Patient MRN# MM3283 was scheduled for Mohs surgery on January 15, 2024 under case# 24-010, as indicated on the patient log sheet. However, the final report documented in the elctronic medical record (EMR) was listed as case#24-011. Additionally, the patient's name was recorded differently on the patient log compared to the EMR, slides, and Mohs map. 2. The laboratory's protocol involved daily check of patient information recorded across all documentation. However, MM3283 was missed to be corrected upon its occurence. No documentation for corrective action was available at the time of survey. 3. The supervisor affirmed by interview on July 23, 2025, at approximately 4:30 p.m., that discrepancies occurred were missed during quality assessment check. The accuracy and reliability of patient tests reported cannot be assured. 4. According to the laboratory's testing declaration form submitted at the time of the survey, the laboratory performed and reported approximately 150 Dermatopathology tests, including the time when the discrepancies in the records occurred.

D6053	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) (b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens. This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policy/procedure, personnel reports (CMS-209 and LAB-116), lack of personnel competency documents, and an interview with the supervisor; the laboratory director is herein cited for failure to perform and document competency evaluation for all testing personnel as the technical consultant at least semiannually prior to patient testing. See D6066.
D6066	TESTING PERSONNEL QUALIFICATIONS CFR(s): 493.1423(b)(4)(ii) (b)(6)(ii) Have documentation of laboratory training appropriate for the testing performed prior to analyzing patient specimens. Such training must ensure that the individual has- (b)(6)(ii)(A) The skills required for proper specimen collection, including patient preparation, if applicable, labeling, handling, preservation or fixation, processing or preparation, transportation, and storage of specimens; (b)(6)(ii)(B) The skills required for implementing all standard laboratory procedures; (b)(6)(ii)(C) The skills required for performing each test method and for proper instrument use; (b)(6)(ii)(D) The skills required for performing preventive maintenance, troubleshooting, and calibration procedures related to each test performed; (b)(6)(ii)(E) A working knowledge of reagent stability and storage; (b)(6)(ii)(F) The skills required to implement the quality control policies and procedures of the laboratory; (b)(6)(ii)(G) An awareness of the factors that influence test results; and (b)(6)(ii)(H) The skills required to assess and verify the validity of patient test results through the evaluation of quality control sample values prior to reporting patient test results. This STANDARD is not met as evidenced by: Based on review of laboratory's protocol for potassium hydroxide (KOH) and scabies tests, patient records, and an interview with the supervisor, it was determined that the laboratory failed to perform and document competency training records for all testing personnel prior to testing patients specimen. Findings include: 1. The laboratory's protocol specified that verification of accuracy will be performed twice a year to confirm results of testing. However, upon surveyor's review of records, no competency records for the years 2023, 2024, and 2025 for all testing personnel were found. 2. Five records were reviewed from August 9, 2023 to January 12, 2025. While there were no discrepancies found among the records, no competency documentation were available for any of the testing personnel. The quality and reliability of patient tests reported cannot be assured. 3. This deficient practice was affirmed by an interview with the supervisor on July 23, 2025, at approximately 2:40 p.m. 4. According to the testing volume declaration submitted at the time of survey, the laboratory processed and reported approximately 40 tests for KOH and 20 tests for scabies including the time when no competency records were availble for review for all testing persoonel.
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/procedure, five Dermatopathology patient test reports, and an interview with the supervisor, it was determined that the laboratory director failed to ensure that the test reported included the correct pertinent information required for interpretation and record keeping. See D5821.