Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D2159733	07/30/2025
Name of Provider or Supplier	**Street Address, City, State**	
Hodari Md Dermatology	1178 Live Oak Blvd, Yuba City, 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
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policy/procedure, quality assessment documentation, five patient testing records, and an interview with the administrative assistant (AM); the laboratory is herein cited for failure to retain the differential stain quality control (QC) slide for one out of five records reviewed. The findings include: 1. The laboratory worked with an external Mohs company to process patient samples and slides. According to the policy/procedure, at each patient day of testing, a differential stain QC slide was provided. 2. The QC slide on January 20, 2025, could not be located affecting one out of five patient records reviewed. No corrective action documentation was available for review at the time of survey. 3. This deficient practice was affirmed by an interview with the AM on July 30, 2025, at approximately 10:25 a.m. as mentioned in statement #2. 4. According to the laboratory testing volume submitted at the time of survey, 400 Dermatopathology tests were processed and reported during the time the QC slide for differential staining could not be located.
D6093	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) (e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify

	failures in quality as they occur; This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policy/procedure, five randomly selected Dermatopathology patient test records, and an interview with the administration assistant on July 30, 2025; the laboratory director is herein cited due to failure to ensure that quality control and quality assessment programs established were followed to assure the quality of services offered and identify problems as it occur. The finidings include: 1. Missing quality control slide. See D5601