

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2160234	(X3) Date Survey Completed 03/03/2022
Name of Provider or Supplier West Dermatology	Street Address, City, State 200 Station Way Ste E, Arroyo Grande, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's records for evaluation of proficiency testing performance and an interview with laboratory personnel (LP) on 3/3/2022 between 9 a.m. and 11 a.m., it was determined that the laboratory failed to at least twice annually, document their quality assurance/proficiency peer review testing for the year 2020. Findings include: 1. On 3/3/22, an inspection was conducted between 9 a.m. and 11 a.m. 2. During a review of the laboratory quality documentation, it was noted at approximately 9:30 a.m. that the laboratory failed to document peer proficiency testing for MOHS Histopathology in 2020. 3. The LP recognized that this documentation was missing. 4. MD peer review documentation was present for 2021.</p>