

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2165560	(X3) Date Survey Completed 04/05/2023
Name of Provider or Supplier Advanced Dermatology Center	Street Address, City, State 1624 W Olive Ave Ste B, Burbank, 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 lack of the laboratory's Mohs reports peer review, review of five (5) randomly chosen histopathology patient's reports, and interviews with the laboratory's office manager (OM) on April 5, 2023; it was determined that the laboratory failed to verify, at least twice annually, the accuracy of its histopathology tests for the years 2021 and 2022. The findings included: 1. The laboratory did not have any documentation showing that it had verified its histopathology Mohs tests' accuracy for the years 2021 and 2022 for the dermatopathologist performing slide reading and providing patients' diagnosis. Therefore, the accuracy of the laboratory's test results for patients' histopathology procedures, cannot be assured. 2. The OM confirmed at approximately 12:00 p.m., that the laboratory did not have any record to verify its Mohs test accuracy for the years 2021 and 2022. 3. The laboratory's testing declaration form signed by the laboratory director, stated that the laboratory performs approximately 100 histopathology tests annually.</p>
D5309	<p>TEST REQUEST CFR(s): 493.1241(e)</p> <p>If the laboratory transcribes or enters test requisition or authorization information into a record system or a laboratory information system, the laboratory must ensure the information is transcribed or entered accurately.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on review of Mohs surgery samples slide preparations, final test reports, and interview with the office manager (OM); it was determined that the laboratory failed to transcribe or enter accurate information into a record system or a laboratory information system, the laboratory must ensure the information is transcribed or entered accurately. The findings included: 1. For one (1) out of five (5) random reviewed Mohs patient test results covering period from 8/16/2021 to 1/16/2023, one (1) patient had Mohs procedure dated 7/18/2022 and Mohs mapping report notes dated 6/13/2022 for the procedure taken place on 7/18/2022. 2. The OM confirmed on April 5, 2023 at approximately 12:45 p.m. that the laboratory failed to ensure that the information transcribed was accurate on the Mohs notes. 3. The laboratory's testing declaration form signed by the laboratory director, stated that the laboratory performs approximately 100 Mohs tests annually.

D5891

POSTANALYTIC SYSTEMS QUALITY ASSESSMENT
CFR(s): 493.1299(a)

The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.

This STANDARD is not met as evidenced by:
Based on review of patient test records, laboratory's policy and procedure manual, and interview with the office manager (OM); it was determined that the laboratory failed to establish written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the post analytic systems. The findings included: 1. The laboratory did not have a written policy or procedure for quality assurance of patient management established for all the Mohs test performed in the laboratory. 2. Based on the laboratory's annual test declaration submitted and signed by the laboratory director at the time of the survey on April 5, 2023; the laboratory analyzed and reported 100 test results for which there was no quality assurance established policy to monitor accurate test results reporting during the postanalytic phase of testing. 3. The OM on April 5, 2023, at approximately 12:45 p.m. affirmed that the laboratory did not have a written policy or procedure for monitoring quality assurance for each test performed in the laboratory.