

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 05D2269119	<b>(X3) Date Survey Completed</b> 09/11/2025
<b>Name of Provider or Supplier</b> Vera Dermatology	<b>Street Address, City, State</b> 981 W Foothill Blvd, Claremont, CA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D3011</b>	<p><b>FACILITIES</b> CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's observations during the laboratory tour, review of the policy and procedures, and interviews with the staff; it was determined that the laboratory failed to follow safety procedures to ensure protection from physical, chemical, biochemical, and biohazardous materials. The findings include: 1. The laboratory failed to follow their safety policy and procedure to provide protection from physical, chemical, biochemical, and biohazardous materials as needed based on the laboratory's risk assessment. 2. The surveyor observed during the laboratory tour that no eye wash station nor eye wash portable bottle kit was found in the testing area. 3. The staff affirmed by interviews on September 11, 2025, at approximately 11:40 a.m., that the laboratory lacked an eye washing station. 4. The safety of laboratory personnel cannot be assured at this time. 5. The annual testing declaration form submitted at the time of the survey stated 200 samples were processed and reported for Dermatopathology including the time when the laboratory failed to follow safety procedures.</p>
<b>D5821</b>	<p><b>TEST REPORT</b> CFR(s): 493.1291(k)</p> <p>(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</p>

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 (QA) policy and procedure, randomly chosen patient test records, and interviews with the laboratory staff (LS); it was determined that the laboratory failed to maintain duplicates of original report. The findings include: 1. The surveyor reviewed five patient test records for Dermatopathology dated from November 23, 2023, to August 21, 2025. One record was missing, specifically for LW06091943, examined on September 30, 2024, where the Mohs map record could not be found. 2. It was the practice of the laboratory to scan and upload the Mohs map in the electronic medical charting system and original files are not retained. 3. A review of the QA policy and related documentation showed that there was no corrective action available for the missing record. 4. The LS affirmed by interviews on September 11, 2025, at approximately 11:30 a.m., that the laboratory does not retain original records once documentation is uploaded. The accuracy and reliability of patient tests reported cannot be assured. 5. According to the laboratory's testing declaration form submitted at the time of the survey, the laboratory performed and reported approximately 200 Dermatopathology tests, including the time when the patient record was missing.

**D6084**

**LABORATORY DIRECTOR RESPONSIBILITIES**

CFR(s): 493.1445(e)(2)

provide a safe environment in which employees are protected from physical, chemical, and biological hazards;

This STANDARD is not met as evidenced by:

Based on the surveyor's review of the laboratory's policies and procedures, observations during the tour of the facility, and interviews with the laboratory staff on September 11, 2025; the laboratory director is herein cited due to failure to provide a safe environment in which both employees and patients are protected from physical, chemical, and biological hazards. See D3011.

**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 and procedure, five Dermatopathology patient test reports, and interviews with the laboratory staff on September 11, 2025; the laboratory director is herein cited for failure to ensure that the test reported included the correct pertinent information required for interpretation and record keeping. See D5821.