Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D2278477	04/02/2026
Name of Provider or Supplier	**Street Address, City, State**	
California Dermatology And Mohs Surgery	50 Bellefontaine St, Ste 202, Pasadena, 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 (QA) policy and procedure, seven randomly chosen patient test records from 2024 to 2026, and interviews with the histology technician (HT) and laboratory director (LD) on April 2, 2026, it was determined that the laboratory failed to address errors in patient records prior to finalizing reports. The findings include: 1. The surveyor reviewed seven randomly selected patient test records for Dermatopathology dated from March 18, 2024 to March 18, 2026, two out of seven had a mismatch of patient information from several documentation checked such as the patient log, electronic chart notes, Mohs map, and slides. a. Patient MM06, evaluated on March 18, 2024, was recorded in the patient log, Mohs map, and slides as Stage III but was reported as Stage IV. b. Patient MM8615, examined on November 18, 2025, was documented in the patient log, Mohs map, and slides as Stage II but was reported as Stage III. 2. There was a lack of corrective action documentation for the two out of seven patient records reviewed as mentioned in statement #1. 3. During an interview on April 2, 2026, at approximately 3:45 p.m., the HT and LD confirmed that the two records with errors lacked a corrective action. 4. According to the laboratory's testing declaration form submitted at the time of the survey, the laboratory performed and reported approximately 2,500 Dermatopathology tests annually, including the time when the discrepancy in the patient record occurred.

D6082	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(1) (e) The laboratory director must-- (e)(1) Ensure that testing systems developed and used for each of the tests performed in the laboratory provide quality laboratory services for all aspects of test performance, which includes the preanalytic, analytic, and postanalytic phases of testing; This STANDARD is not met as evidenced by: Based on the review of laboratory's quality assurance policy and procedure, lack of corrective action reports for the two out of seven errors found during patient review and an interview with the histology technician on April 2, 2026, the laboratory director is herein cited for failure to provide quality laboratory services for all aspects of testing especially in the postanalytic phase of testing. See D5821