Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D2305428	05/11/2026
Name of Provider or Supplier	**Street Address, City, State**	
Socal Skin And Surgery	12555 W Jefferson Blvd, Ste 202, Los Angeles, 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
D5433	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(1) (b)(1)(i) Establish a maintenance protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(1)(ii) Perform and document the maintenance activities specified in paragraph b(1)(i) of this section. This STANDARD is not met as evidenced by: Based on the surveyors' review of the laboratory's equipment and preventive maintenance (PM) policy and procedure, ten patient test records for Provider Performed Microscopy (PPM), preventive maintenance documentation, and an interview with the office manager (OM) on May 11, 2026, it was determined that the laboratory failed to follow an established protocol for the microscope preventive maintenance prior to patient testing. The findings include: 1. The laboratory's equipment and preventive maintenance policy and procedure stated that the microscope PM was performed prior to patient testing. 2. One out of ten records had a missing entry on May 7, 2026, for the microscope daily PM. 3. The OM confirmed by an interview on May 11, 2026, at approximately 3:00 p.m. that the laboratory failed to follow their established protocol to perform the daily PM and document it in the log prior to patient testing and no corrective action was documented. 4. According to the laboratory's annual testing declaration submitted at the time of the survey, the laboratory analyzed and reported approximately 250 patient samples annually including the time when the microscope was operated without any PM documentation.
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 surveyors' review of twenty (20) patient test reports and an interview with the office manager (OM) on May 11, 2026, it was determined that the laboratory failed to address errors in patient records prior to finalizing reports. The findings include: 1. The surveyors reviewed a total of 20 patient test records dated from December 18, 2024, to May 7, 2026, and found ten records with discrepancies in the anatomical location recorded in the patient log and final report: a. MM0000002234, examined on December 18, 2024 b. MM0000002428, examined on January 22, 2025 c. JECH0003, examined on May 7, 2026 d. MM0000002468, examined on January 28, 2025 e. MM0000003052, examined on April 3, 2025 f. JATE0002, examined on April 20, 2026 g. 25-0012, examined on June 25, 2025 h. 25-0036, examined on December 17, 2025 i. 26-0012, examined on March 26, 2026 j. 25-0021, examined on October 8, 2025 2. The OM stated in an interview on May 11, 2026, at approximately 3:35 p.m. that the laboratory failed to address errors in patient records prior to finalizing reports. 3. According to the laboratory's testing declaration form (Lab-144) submitted at the time of survey, the laboratory performed and reported approximately 250 tests annually including the time when the discrepancies 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 surveyors' review of laboratory's policy and procedure, twenty patient test records, preventive maintenance documentation, and an interview with the office manager on May 11, 2026, the laboratory director is herein cited for failure to provide quality laboratory services for all aspects of testing, especially in the analytic and postanalytic phase of testing. The findings include: 1. The laboratory failed to perform and document the preventive maintenance of the microscope prior to patient testing. See D5433 2. The laboratory failed to address the errors prior to finalizing test reports. See D5821