

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  06D0514547	<b>(X3) Date Survey Completed</b>  09/30/2019
<b>Name of Provider or Supplier</b>  Center For Advanced Dermatology	<b>Street Address, City, State</b>  3455 South Yarrow St Suite 108, Lakewood, CO	
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>D5217</b>	<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 lack of accuracy verification (comparison testing) documentation and staff confirmation, the laboratory failed to twice annually verify the accuracy of Mohs Surgery slide examinations by TP#1 where no records were provided to show any comparison activity was conducted for this test in 2017, 2018 or 2019. Staff confirmed that accuracy verification was being performed but that no records had been kept and only had been noted in the patient's electronic medical record.</p>