

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  09D0645021	<b>(X3) Date Survey Completed</b>  07/20/2023
<b>Name of Provider or Supplier</b>  Gwu Medical Faculty Associates	<b>Street Address, City, State</b>  2150 Pennsylvania Avenue, Nw 2-121 Mohs Lab, Washington, DC	
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>D2010</b>	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(2)</p> <p>The laboratory must test samples the same number of times that it routinely tests patient samples.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and interview with the testing person, the laboratory failed to perform PT since the last survey performed in August 2021. Findings: 1. The laboratory perform MOHS testing. 2. The laboratory failed to perform a second review of patient slides to fulfill PT requirements since the last survey in August 2021 until the day of the current survey on July 20, 2023. 3. The PT procedure states that PT will be performed twice annually with six patient slides reviewed and results compared by another physician. 4. The testing person confirmed on the day of the survey, 7/20/23 at 11:00 AM that the laboratory failed to perform PT since the last survey in August 2021 until the day of the current survey on July 20, 2023.</p>
<b>D5805</b>	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p>

	<p>This STANDARD is not met as evidenced by:  Based on review of patient final reports and interview with the testing person, the laboratory failed to include the patient identifiers that are required on the patient final report. Findings: 1. The laboratory performs MOHS testing. 2. Review of six patient final reports showed that the name of the facility where the test was performed, the address, and the MOHS accessions number were not included on the final reports. 3. The testing person stated that lab switched over to a new EMR reporting system in December 2021. 4. The testing person confirmed on the day of the survey at 1:00 PM that the required patient identifiers were not included on the patient final reports.</p>
<b>D6076</b>	<p><b>LABORATORY DIRECTOR</b>  CFR(s): 493.1441</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.</p> <p>This CONDITION is not met as evidenced by:  Based on review of proficiency testing records and interview with the testing person, the laboratory director failed to perform PT since the last survey performed in August 2021 until the current survey on July 20, 2023 (Refer to D6089).</p>
<b>D6089</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b>  CFR(s): 493.1445(e)(4)(i)</p> <p>The laboratory director must ensure the proficiency testing samples are tested as required under subpart H of this part.</p> <p>This STANDARD is not met as evidenced by:  Based on review of proficiency testing (PT) records and interview with the testing person, the laboratory director (LD) failed to perform PT since the last survey performed in August 2021. Findings: 1. The laboratory perform MOHS testing. 2. The LD failed to perform a second review of patient slides to fulfill PT requirements since the last survey in August 2021 until the day of the current survey on July 20, 2023. 3. The PT procedure states that PT will be performed twice annually with six patient slides reviewed and results compared by another physician. 4. The testing person confirmed on the day of the survey, 7/20/23 at 11:00 AM that the LD failed to perform PT since the last survey in August 2021 until the day of the current survey on July 20, 2023.</p>