

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 09D2131870	(X3) Date Survey Completed 12/09/2019
Name of Provider or Supplier Integrated Dermatology Of I Street	Street Address, City, State 900 17th Street Suite 300, Washington, DC	
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
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the records for the laboratory proficiency checks for MOHS surgery microscopic analysis were not reviewed in a reliable manner and did not ensure that the proficiency checks were performed. Findings: 1. The laboratory submits MOHS cases for peer review biannually for proficiency checks; 2. The peer review records for cases submitted June 2018 did not have documentation showing the result of the peer review and were not signed by the reviewer; 3. The peer review records for cases submitted January 2019 did not have documentation showing the printed name of the reviewer and the surveyor was unable to determine the name of the reviewer from the reviewers signature.</p>