

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D2313355	(X3) Date Survey Completed 06/12/2025
Name of Provider or Supplier Iowa Dermatology Clinic, Plc	Street Address, City, State 6800 Lake Dr Ste 285, West Des Moines, IA	
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
D5219	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(2)</p> <p>(c)(2) Any test or procedure listed in subpart I of this part for which compatible proficiency testing samples are not offered by a CMS-approved proficiency testing program.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Laboratory Test List & Annual Volume form, lack of verification of accuracy records and confirmed by the laboratory director (LD) at 11:19 am on 6/12/2025, the laboratory failed to verify the accuracy at least twice annually for slides stained using hematoxylin and eosin (H&E) stain, immunohistochemical stain, special stain and direct immunofluorescent stain for one out of one time period from 11/1/2024 - 6/16/2025. The findings include: 1. The Laboratory Test List & Annual Volume form confirmed the laboratory read H&E, immunohistochemical, special stain and direct immunofluorescent stained slides. 2. The LD confirmed the laboratory started reading the slides processed with the listed stains on 11/1/2024. 3. At the time of the survey, the LD confirmed the laboratory had not verified the accuracy for patient slides stained with H&E, immunohistochemical, special stains and direct immunofluorescent stains.</p>
D5775	<p>COMPARISON OF TEST RESULTS CFR(s): 493.1281(a)(c)</p> <p>(a) If a laboratory performs the same test using different methodologies or instruments, or performs the same test at multiple testing sites, the laboratory must have a system that twice a year evaluates and defines the relationship between test results using the different methodologies, instruments, or testing sites.</p>

This STANDARD is not met as evidenced by:

Based on review of the Laboratory Test List and Annual volume report and confirmed by interview with the laboratory director (LD) at 10:56 am on 6/12/2025, the laboratory failed to perform comparison testing twice annually for one of one time period for glass stained slides and slides read by digital image from 11/1/2024 - 6/12/2025. The findings include: 1. The Laboratory Test List & Annual Volume form confirmed the laboratory read H&E, immunohistochemical, special stain and direct immunofluorescent stained slides. 2. The LD confirmed the laboratory started reading the slides processed with the listed stains digitally on 11/1/2024. 3. At the time of the survey, the LD confirmed the laboratory did not perform comparison testing between the glass stained slides and the slides read by digital image from 11/1/2024 - 6/12/25.