

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  26D1023601	<b>(X3) Date Survey Completed</b>  03/05/2018
<b>Name of Provider or Supplier</b>  Chesterfield Ambulatory Surgery Center, Lp	<b>Street Address, City, State</b>  17050 Baxter Rd Suite 110, Chesterfield, MO	
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 review of procedure manual and laboratory records for 2016, 2017 and interview with the laboratory staff, the laboratory failed to verify the accuracy of Mohs testing twice a year for 2016. Findings: 1. Review of the procedure manual revealed "at least twice annually, the laboratory must verify the accuracy of testing performed, but not regulated by proficiency testing." 2. Review of laboratory records revealed a lack of documentation to prove accuracy 2 times a year for Mohs testing for 2016. 3. Interview with the laboratory staff on March 5, 2018 at 10:00 AM confirmed the laboratory failed to verify the accuracy of the nonregulated Mohs testing twice annually for 2016.</p>