Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	29D0965583	02/25/2019
Name of Provider or Supplier	**Street Address, City, State**	
Nevada Center For Dermatology	650 Sierra Rose Dr Ste A, Reno, NV	

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
D0000	This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on February 25, 2019. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Based on review of the Mohs accession log, Mohs maps, Mohs slides, and patients' electronic medical records, and interview with the laboratory personnel, the laboratory failed to follow established policies and procedures to ensure positive identification of patient specimens from collection to final report. Findings include: 1. A sample survey of seven random Mohs cases from 4/2017 to 2/2019 revealed that in one of seven cases, the name was misspelled on the Mohs slides (Case #4411 from 1/29/18). The name on the Mohs map and Mohs accession log matched the name in the electronic medical record. 2. The sample survey revealed that in one of seven cases, the name was misspelled in the Mohs accession log (Case #4802 from 2/12/19). The name on the Mohs map and Mohs slides matched the name in the electronic medical record. 2. The laboratory personnel interviewed on 2/25/19 at approximately 11:00 AM confirmed the findings. The laboratory performs approximately 425 histopathology tests annually.

D5293	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c) (b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities. This STANDARD is not met as evidenced by: Based on review of the Mohs accession log, Mohs maps, Mohs slides, and patients' electronic medical records, and interview with the laboratory personnel, the general laboratory systems quality assessment program failed to review the effectiveness of corrective actions taken and revise policies and procedures to resolve problems to ensure that identifiers used in the Mohs surgery documentation in the Mohs accession log, Mohs maps, and Mohs slides matched the information in the patients electronic medical records to prevent recurrence of the problems. Findings include: 1. A sample survey of seven random Mohs cases from 4/2017 to 2/2019 revealed that in one of seven cases, the name was misspelled on the Mohs slides (Case #4411 from 1/29/18). The sample survey also revealed that in one of seven cases, the name was misspelled in the Mohs accession log (Case #4802 from 2/12/19). (Refer to D5203.) 2. The laboratory personnel interviewed on 2/25/19 at approximately 11:00 AM indicated that the identifiers on the Mohs documentation and slides were checked for accuracy as a quality check prior to filing the cases. This QA activity failed to ensure that the patients names were correctly spelled on the Mohs accession log and slides. The laboratory failed to review the effectiveness of the corrective action taken and revise policies and procedures to prevent recurrence of the accuracy problems with patient identifiers used in Mohs documentation and slides . The laboratory performs approximately 425 histopathology tests annually.