

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D0965583	(X3) Date Survey Completed 06/11/2025
Name of Provider or Supplier Nevada Center For Dermatology	Street Address, City, State 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 June 11, 2025. 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.
D5217	<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 a review of the roster provided on the CMS-209 form, a review of the 2023 and 2024 laboratory records for the twice per year verification of accuracy for Mohs testing, and an interview with the Office Manager, the laboratory failed to ensure that twice per year verification of accuracy was performed for each provider performing Mohs testing in the laboratory. Findings include: 1. Testing personnel number two on the CMS-209 form did not have documentation of any accuracy checks in 2024. 2. An interview with the Office Manager on June 11, 2025 at approximately 10:30 AM confirmed these findings. The laboratory performs approximately 424 Histopathology tests annually.</p>
D6120	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(7)(8)</p> <p>(b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (b)(8) Evaluating the competency of</p>

all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.

This STANDARD is not met as evidenced by:

Based on a review of the roster provided on the CMS-209 form, a lack of annual competency assessments, an interview with the Office Manager, the technical supervisor failed to ensure that all testing personnel had documented annual competency assessments. Findings include: 1. Testing personnel two on the CMS-209 had no annual competency assessments for wet mount and KOH testing in 2023 and 2024. 2. Testing personnel three on the CMS-209 had no annual competency assessments for wet mount and KOH testing in 2023 and 2024. 3. An interview with the Office Manager on June 11, 2025 at approximately 10:30 AM confirmed these findings. The laboratory performs approximately 80 Mycology and Parasitology tests annually.