

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 29D0983069	<b>(X3) Date Survey Completed</b> 05/17/2023
<b>Name of Provider or Supplier</b> Lakes Dermatology	<b>Street Address, City, State</b> 8861 W Sahara Ave Ste 290, Las Vegas, NV	
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>D0000</b>	This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on May 17, 2023. 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.
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 2021 and 2022 laboratory records for twice per year verification of accuracy and an interview with the Mohs technician, the laboratory failed to ensure that twice per year verification of accuracy was performed and documented during 2022 for Mohs testing and KOH preparations. Findings include: 1. There were no records of twice per year verification of accuracy during 2022 for Mohs testing and KOH preparations. 2. The findings were confirmed during an interview with the Mohs Technician on May 17, 2023 at approximately 11:30 AM. The laboratory performs approximately 80 histopathology tests and 10 mycology tests annually.</p>