

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  29D1020539	<b>(X3) Date Survey Completed</b>  03/26/2026
<b>Name of Provider or Supplier</b>  Leavitt Medical Associates Of Nevada	<b>Street Address, City, State</b>  861 Coronado Center Dr Ste 100, Henderson, 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>	<p>This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on March 26, 2026. The findings and conclusions of any investigation by the Division of Healthcare Purchasing and Compliance 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.</p>
<b>D5415</b>	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>(c) Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (c)(1) Identity and when significant, titer, strength or concentration. (c)(2) Storage requirements. (c)(3) Preparation and expiration dates. (c)(4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: Based on observation of laboratory reagents, a review of the laboratory reagent log and reagent policy, and interviews with the office manager and the lead Mohs technician (via telephone), the laboratory failed to properly document the lot number and expiration date for one of three lots of alcohol. The laboratory also failed to document the open date, expiration date, and/or reagent identification for one of one specimen container of Eosin Y, one of one specimen container of Hematoxylin, and one of seven bottles of 100% alcohol. Findings include: 1. A review of the laboratory reagent log, a review of the laboratory policy CP-L 1017 entitled, "Quality Control Maintenance" and observation of the bottles of 100% Alcohol revealed that one of three lot numbers of 100% Alcohol available for use was not recorded on the reagent log. Lot number 226043, with an expiration date of April 30, 2027 was not documented on the reagent log. There were two bottles available with this lot number. The laboratory policy stated in section "B. Reagents '1. All reagents used within the</p>

laboratory will be documented on LF-0006 Reagent Log.' " 2. A review of the laboratory reagent log and observation of the bottles of 100% Alcohol revealed that the expiration date on the reagent log for two of three lot numbers available for use did not match the expiration date on the bottles. Two bottles of 100% Alcohol, lot number 246469 were labeled with a manufacturer's expiration date of December 31, 2027. The expiration date on the reagent log was documented as April 30, 2027. 3. A review of the laboratory policy CP-L 1017 entitled, "Quality Control Maintenance" and observation of the laboratory reagents revealed that one open bottle of seven total bottles of 100% Alcohol and one of one bottles of Eosin Y were not labeled with the open date. The laboratory policy stated in section "B. Reagents '3. When a reagent bottle or container is opened, the date opened will be written directly on the reagent bottle or container.' " 4. One of one specimen containers containing Hematoxylin and one of one specimen containers containing Eosin Y observed in the fume hood were not labeled with the name of the reagent, the storage requirements and the expiration dates of each reagent. 5. The findings were confirmed during an interview with the office manager on March 26, 2026 at approximately 1:30 PM, and the lead Mohs technician confirmed the identity of the unlabeled reagents via telephone with the office manager on March 26, 2026 at approximately 1:45 PM Pacific Daylight Time (PDT). According to the submitted CMS-116 form, the laboratory performs 700 histopathology tests annually.

**D5805**

**TEST REPORT**  
CFR(s): 493.1291(c)

(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.

This STANDARD is not met as evidenced by:  
Based on a random patient audit of seven patients tested between the dates of May 20, 2024 and February 19, 2026, and an interview with the office manager, the laboratory failed to ensure that the name of the laboratory was on seven of seven final operative reports reviewed. Findings include: 1. A review of seven Mohs patients tested between the dates of May 20, 2024 and February 19, 2026 revealed that the laboratory failed to have the name of the laboratory, "Leavitt Medical Associates of Nevada," on the seven of seven patient final operative reports reviewed. The area where the address was located on the operative reports indicated the name of the lab as "Henderson-NV-266." 2. Seven of seven patient final operative reports identified the practice as "Advanced Dermatology and Cosmetic Surgery" in the upper right corner of the reports. 3. The findings were confirmed during an interview with the office manager on March 26, 2026 at approximately 3:00 PM. This deficiency was cited on a previous CLIA recertification survey conducted on August 15, 2022. According to the submitted CMS-116 form, the laboratory performs 700 histopathology tests annually.

**D5891**

**POSTANALYTIC SYSTEMS QUALITY ASSESSMENT**  
CFR(s): 493.1299(a)

(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.

This STANDARD is not met as evidenced by:

Based on a review of the quarterly quality assessment records between March, 2024 and March, 2026, and an interview with the office manager, the laboratory failed to ensure that eight of nine quality assessment documents were reviewed by the laboratory director. The laboratory also failed to ensure that two of two pre-dated quality assessment documents for the quarters ending June 2026 and September 2026 were completed, as both indicated no problems despite not being finalized. Findings include: 1. A review of nine quarterly quality assessment records between March 2024 and March 2026 revealed eight of nine quarterly quality assessment records between the dates of March 2024 and December, 2025 were not signed by the director. 2. A review of the quality assessment forms pre-dated for the quarters ending in June, 2026 and September, 2026 found that two of two forms were completed to indicate "no problems identified." 3. The office manager confirmed the findings during an interview conducted on March 26, 2026 at approximately 2:30 PM. According to the submitted CMS-116 form, the laboratory performs 700 histopathology tests annually.