Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 29D1065370	**(X3) Date Survey Completed** 02/27/2023
Name of Provider or Supplier Pahrump Dermatology & Skin Cancer	**Street Address, City, State** 1470 E Calvada Blvd Suite #600, Pahrump, 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 27, 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.
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 a random patient audit of seven patients who had Mohs surgery between the dates of September 14, 2021 and January 3, 2023, a review of the laboratory procedure for the labeling of Mohs slides, and an interview with the Director of Patient Access, the laboratory failed to ensure that positive identification of the patient specimens was maintained from the time of receipt of the specimen through the completion of testing and reporting of results. Findings include: 1. A random audit revealed that the slides for three of seven patients who had Mohs surgery between the dates of September 14, 2021 and January 3, 2023 were not labeled in accordance with the director approved procedure. 2. The slide for Mohs case number GD213016941G, performed on November 9, 2021 did not include the case number on the slide label. 3. The slides for a patient, identified by case number Z22-0283A, that had Mohs surgery on July 5, 2022 did not include the patient date of birth on the slide labels. 4. The slides for a patient, identified by case number Z22-0412A, that had Mohs surgery on October 25, 2022 were not consistently labeled. The month for the patient date of

	birth was not legible on the slide labeled as "I 1,2 A," corresponding to Stage I, 1 and 2-slide A. The case number was not present, and the year for the patient date of birth did not match the patient date of birth on the slide labeled as "II," corresponding to Stage II. 5. The director approved procedure for labeling the slides included an example indicating that the slide label must include the patient Date of Service, Date of Birth, Name, Site of Surgery, Patient ID or Case Number, and the stage of the Mohs surgery. 6. The findings were confirmed during an interview with the Director of Patient Access on February 27, 2023 at approximately 11:00 AM. The laboratory performs approximately 1000 histopathology tests annually.
D6094	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. This STANDARD is not met as evidenced by: Based on a review of the daily Mohs quality assessment review records, a review of the director approved policy entitled, "Post Analytical Mohs Audit," and an interview with the Director of Patient Access, the director failed to ensure that the established quality assessment program detected and corrected errors when they occurred. Findings include: 1. A review of the daily Mohs quality assessment review records revealed that the case number was not included on the patient slides audited on 10 of 39 days of Mohs surgery between the dates of June 22, 2021 and January 31, 2023. 2. The director approved policy entitled, "Post Analytical Mohs Audit" stated, "The office manager will be responsible for verifying the MOHS (sic) map card, MOHS (sic) LOG, patient electronic record, MOHS (sic) technician log and slides. This is to ensure that the information that is input on all of these records is correct and true." 3. The findings were confirmed during an interview with the Director of Patient Access conducted on February 27, 2023 at approximately 11:45 AM. The laboratory performs approximately 1000 histopathology tests annually.