

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  29D2102391	<b>(X3) Date Survey Completed</b>  07/17/2019
<b>Name of Provider or Supplier</b>  Thomas Dermatology - 2871 St Rose Pkwy	<b>Street Address, City, State</b>  2871 St Rose Pkwy Ste 130, 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>	This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on July 17, 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.
<b>D5203</b>	<p><b>SPECIMEN IDENTIFICATION AND INTEGRITY</b> CFR(s): 493.1232</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on a random audit of patient Mohs testing from 9/05/17 through 6/06/19 and an interview with the laboratory manager, the laboratory failed to follow the director approved policy to ensure positive identification identification from the time the patient's specimen was received through the completion of the test and the reporting of the results. Findings include: 1. The laboratory failed to ensure the patient identification was ensured from the time the specimen was collected through the completion of the test. 2. A random audit of patient Mohs testing from 9/05/17 through 6/06/19 found one of ten patient Mohs slides to not have the account number on the slide as established in the director approved policy and procedure manual. 3. A patient who had a Mohs procedure performed on 5/06/19 revealed that there were 2 of 16 patient slides that had no unique patient account number indicated on the slides. This was confirmed by the laboratory manager on July 17, 2019 at approximately 10:30 AM. The laboratory performs approximately 5038 patient Histopathology tests annually.</p>

**D5217**

**EVALUATION OF PROFICIENCY TESTING PERFORMANCE**

CFR(s): 493.1236(c)(1)

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.

This STANDARD is not met as evidenced by:

Based on a review of the American Proficiency Institute (API) proficiency testing results for testing years 2017, 2018 and 2019 and an interview with the laboratory manager, the laboratory failed to, at least twice annually, verify the accuracy of patient testing that the laboratory performs. Findings include: 1. The laboratory failed to at least twice annually during the testing year 2017, verify the accuracy of patient testing for KOH preparation. 2. A review of the API proficiency testing results for KOH preparation for testing year 2017, revealed a score of 50% for the first event, a score of 0% for the second event and a score of 100% for the third event. There was no additional evaluation for accuracy for the 2017 testing year for KOH. This was confirmed by the laboratory manager on July 17, 2017 at approximately 10:00 AM. The laboratory performs approximately 246 Microbiology patient tests annually.