

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D2129860	(X3) Date Survey Completed 03/28/2023
Name of Provider or Supplier Mohave Dermatology-Pahrump	Street Address, City, State 1420 E Calvada Blvd Ste 100, 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	<p>This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on March 28, 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.</p>
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY 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 patient audit of five Mohs patients tested between the dates of July 1, 2021 and January 5, 2023, a review of the director approved Quality Assurance Policy, and an interview with the medical assistant, the laboratory failed to ensure that the written policy and procedure was followed to ensure positive identification of the patient specimens was maintained from the time of collection of the specimen through completion of the testing and reporting of results. Findings include: 1. A random patient audit of five Mohs patients tested between the dates of July 1, 2021 and January 5, 2023 revealed that in the final operative report, the Mohs case number did not match the Mohs case number on the Mohs log, Mohs map, and Mohs slide. The Medical Record Number was incorrectly entered as the Mohs case number on the final operative report for five of five patients reviewed. 2. A random patient audit of five Mohs patients tested between the dates of July 1, 2021 and January 5, 2023 revealed that the date of service was not written on the slide label for two of five patients reviewed. The date of service was not on the slides for the patient tested on</p>

May 5, 2023 and for the patient tested on January 5, 2023. 3. A review of the Mohs patient logs between the months of July, 2021 and February, 2023 revealed that the laboratory failed to document the Mohs surgeon and the Mohs tech on the logs for three of 20 months. 4. A review of a Mohs patient records tested on July 1, 2021 revealed that the Mohs case number P21-84 was not written on the Mohs map. 5. A review of the Mohs log for July 1, 2021 revealed that the patient medical record numbers were not written on the Mohs log for 17 of 17 patients tested on that date. 6. A review of the Mohs log for November 4, 2021 revealed that the full Mohs case numbers were not written on the Mohs log for 23 of 23 patients tested on that date. The case numbers were missing the prefix P21. 7. A review of a Mohs patient records tested on November 4, 2021 revealed that the Mohs case number written on the Mohs slide did not match the Mohs case number written on the log. The Mohs case number on the log for the patient with the initials KC was "197." The Mohs case number on the slides for the patient was "P21-196." 8. A review of a Mohs patient records tested on October 6, 2022 revealed that the section numbers for the tissue do not match on the slides and on the Mohs map. The Mohs map indicated that for Stage II, there were two sections cut, numbered 3 and 4, examined. On the slide, the label for stage II did not include section number 4 on the label. 9. A review of a Mohs patient records tested on January 5, 2023 revealed that on the Mohs map, the number of stages, slides and sections was left blank. A review of the Mohs log indicated that for the patient identified by case number P23-003, there was one slide, and one stage, with two sections examined. 10. The laboratory policy entitled, "Quality Assurance Policy" stated, "A log will also be created by MOHS (sic) Technician so that he/she can maintain an accurate record of specimens he/she has been processing on each MOHS day. This log will include the following information; Patient (Last, first) name, DOB, Unique Identifier (DOB), MOHS date, & Site being performed. The same information that is presented on the log, will also need to be on the patient MOHS Map and Slides." 11. The findings were confirmed during an interview with the medical assistant on March 28, 2023 at approximately 10:00 AM. The laboratory performs approximately 300 histopathology procedures 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 random patient audit of five Mohs patients tested between the dates of July 1, 2021 and January 5, 2023, a review of the Mohs logs between the months of May, 2021 and February, 2023, a review of the laboratory policy entitled, "Quality Assurance Policy," a review of the laboratory quality assurance records, and an interview with the medical assistant, the director failed to ensure that the established quality assessment program detected and corrected errors when they occurred. Findings include: 1. The laboratory policy entitled, "Quality Assurance Policy," in the section entitled, "Post-Analytic" stated, "After MOHS (sic) has been completed for the day, Medical Assistant and Office Manager will review all documents and patient charts to assure that everything is input correctly." It goes on to state, "If any mistakes are found, responsible employee will be counseled & this will be documented in a Corrective Action Request Form. A meeting will be held to make sure all staff can be more aware and avoid any mistakes in the future." 2. A review of the completed

laboratory quality assessment records between the dates of July, 2021 and February, 2023 revealed that the laboratory failed to detect and correct errors that occurred. 3. A random patient audit of five Mohs patients tested between the dates of July 1, 2021 and January 5, 2023 revealed that in the final operative report, the Mohs case number did not match the Mohs case number on the Mohs log, Mohs map, and Mohs slide. The Mohs case number identified in the final operative report was the patient medical record number for five of five patients reviewed. 4. A review of the Post-Analytical checklist dated November 8, 2021 to review the Mohs records for patients tested on July 1, 2021 revealed that the established quality assessment program failed to detect that the Mohs case number P21-84 was not written on the Mohs map for the patient identified by the initials CA. 6. A review of the Mohs logs between the months of July, 2021 and February, 2023 revealed that the initials of the Mohs surgeon and Mohs tech were left blank on three of 20 logs. 7. A review of the Post-Analytical checklist to review the Mohs records for patients tested on November 4, 2021 revealed that the established quality assessment program failed to detect the discrepancy between the Mohs Case Number on the Mohs log, on the Mohs map, and on the patient slide for the patient identified by the initials KC. The case number on the Mohs log was listed as "197." The Mohs case number on the Mohs map was P21-197. The Mohs case number on the slide label was "P21-196." 8. A review of the Post-Analytical checklist to review the Mohs records for patients tested on October 6, 2022 revealed that the established quality assessment program failed to detect that the section numbers for the tissue do not match on the slides and on the Mohs map. The Mohs map indicated that for Stage II, there were two sections, numbered 3 and 4, examined. On the slide, the label for stage II did not include section number 4 on the label. 9. A review of the Post-Analytical checklist to review the Mohs records for patients tested on January 5, 2023 revealed that the established quality assessment program failed to detect that on the Mohs map, the number of stages, slides and sections was left blank. A review of the Mohs log indicated that for the patient identified by case number P23-003, there was one slide, and one stage, with two sections examined. 10. A review of the Post-Analytical checklists for the Mohs dates of May 5, 2022 and January 5, 2023 revealed that the established quality assessment program failed to detect that the date of service for those dates was not written on the patient slides reviewed during a random patient audit of five patients tested between the dates of July 1, 2021 and January 5, 2023. 11. The findings were confirmed during an interview with the medical assistant on March 21, 2023 at approximately 11:00 AM. The laboratory performs approximately 300 histopathology procedures annually.