

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D2154953	(X3) Date Survey Completed 02/25/2019
Name of Provider or Supplier Skin Cancer & Dermatology Institute-Sparks	Street Address, City, State 4814 Sparks Blvd, Sparks, 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 initial certification survey conducted at your facility on February 25, 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.</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 review of the Mohs accession log, Mohs maps, slides and the electronic medical records, and interview with the laboratory manager, the laboratory failed to follow policies and procedures to ensure positive identification of a patient's specimen from collection to final report. Findings include: 1. A sample survey of six random Mohs cases from 12/19/18 to 2/06/19 revealed that for case, #MS19-01, one of two slides was labeled with the wrong date of service. The case information on the Mohs accession log and Mohs map matched the information in the patient's electronic medical record. 2. The laboratory manager interviewed during the on-site survey on 2/25/19 at approximately 2:15 PM confirmed the finding and stated that the Mohs technician performs an internal audit of the case to ensure that the identifiers are accurate before filing the case. The laboratory performs approximately 180 histopathology tests annually.</p>