

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D0941746	(X3) Date Survey Completed 12/14/2023
Name of Provider or Supplier Western Dermatology Consultants Pc	Street Address, City, State 10151 Montgomery Blvd Ne Bldg 1 Ste A, Albuquerque, NM	
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	An onsite recertification survey conducted on December 14, 2023, at Western Dermatology Consultants found the laboratory to be in compliance with the CLIA regulations found at 42 CFR, Part 493 Laboratory Requirements, with standard deficiencies cited.
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on Peer Quality Assurance Review, and staff interview, the laboratory failed to verify the accuracy of non-regulated analytes for 1 of 4 events from 2022 through 2023. Findings Included: 1. Record review of Peer Quality Assurance Review form states a peer review is conducted twice a year. 2. Record review of peer review forms revealed only one peer review was completed for 2022. 3. Laboratory practice manager was asked to provide documentation for second peer review. None were provided. 4. Interview on 12/14/2023 at 10:50 AM with practice manager confirmed the findings.</p>
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p>

This STANDARD is not met as evidenced by:

Based on review of Laboratory Compliance Manual "Stain Maintenance", Staining Set-up log, and staff interview, the laboratory failed to follow written procedures for maintenance of acetone, hematoxylin, and eosin for 19 of 27 testing days from September 2023 through December 2023. Finding included: 1. Review of Laboratory Compliance Manual "Stain Maintenance", lists the following maintenance requirement for staining reagents: 1. Acetone - Changed every morning. 2. Hematoxylin - Setup fresh at the new work week and changed as needed during the week. 3. Eosin - Setup fresh at the new work week and changed as needed during the week. 2. Review of Staining Set-up log showed stain maintenance was not followed for acetone for the following days: 1. 9/13/2023 2. 9/14/2023 3. 9/21/2022 4. 9/27/2022 5. 10/05/2023 6. 10/12/2023 7. 10/26/2023 8. 11/01/2023 9. 11/02/2023 10. 11/06/2022 11. 11/15/2023 12. 11/16/2023 13. 11/30/2023 14. 12/07/2023 Acetone was topped off and not changed for 14 of 27 testing days. Log stated acetone is changed once a month and not daily. 3. Review of Staining Set-up log showed stain maintenance was not followed for hematoxylin for the following days: 1. 9/20/2023 2. 9/21/2023 3. 10/04/2023 4. 10/05/2023 5. 10/18/2023 6. 10/26/2023 7. 10/30/2023 8. 11/01/2023 9. 11/02/2023 10. 11/06/2023 11. 11/22/2023 12. 12/07/2023 Hematoxylin was topped off and not changed for 12 of 27 testing days. Log stated Hematoxylin is changed twice a month and not weekly. 4. Review of Staining Set-up log showed stain maintenance was not followed for eosin for the following days: 1. 9/20/2023 2. 9/21/2023 3. 10/04/2023 4. 10/05/2023 5. 10/18/2023 6. 10/26/2023 7. 10/30/2023 8. 11/01/2023 9. 11/02/2023 10. 11/06/2023 11. 11/22/2023 12. 12/07/2023 Eosin was topped off and not changed for 12 of 27 testing days. Log stated Eosin is changed twice a month and not weekly. 5. Interview on 12/14/2023 at 10:20 AM with practice manager confirmed the findings.