

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D0984735	(X3) Date Survey Completed 09/03/2019
Name of Provider or Supplier Richard Lee Averitte Jr, PLLC	Street Address, City, State 7331 E Osborn Dr, #330, Scottsdale, AZ	
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
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 lack of accuracy verification documentation for review and interview with the facility personnel, the laboratory failed to verify the accuracy of testing performed under the sub-specialty of Histopathology at least twice annually during 2017 and 2018. Findings include: 1. No documentation was presented for review during the survey to indicate that the laboratory verified the accuracy of Mohs testing at least twice annually during 2017 and 2018. 2. The facility personnel confirmed that the laboratory failed to verify the accuracy of Mohs testing at least twice annually during 2017 and 2018.</p>