

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 32D1056730	<b>(X3) Date Survey Completed</b> 07/17/2025
<b>Name of Provider or Supplier</b> Unmh Dermatology	<b>Street Address, City, State</b> 1021 Medical Arts Ave Ne, Albuquerque, NM	
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>	An offsite paper revisit conducted on August 5, 2025, for UNMH Dermatology found the laboratory to be in compliance with the CLIA regulations found at 42 CFR, Part 493 Laboratory Requirements.
<b>D5217</b>	<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 a review of the facility's test menu, Centers for Medicare and Medicaid (CMS) 209 personnel form, lack of documentation, and interview with the Unit Director, the laboratory failed to verify the accuracy at least twice annually for mineral oil scabies testing in 2024 and 2025. Findings Included: 1. A review of the facility's test menu listed the facility performing mineral oil scabies testing. 2. A review if the CMS 209 personnel form listed two personnel (TP 2 and TP3) performing mineral oil scabies testing. 3. The laboratory failed to provide documentation verifying the accuracy at least twice annually for mineral oil scabies testing. 4. An interview on 07/17/2025 at 9:30 am with the Unit Director confirmed the above findings. 5. The laboratory reported performing 10 mineral oil scabies tests annually.</p>
<b>D5401</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>(a) 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 the Mohs Micrographic Surgery policy, the Lecia Cryostat operator's manual, Mohs Lab Temp Log, and interview with the Unit Director, the laboratory failed to follow their own policies by not recording humidity for 2024 and 2025 and not recording daily temperature for six days in 2024 and 3 days in 2025. Findings included: 1. Review of the Mohs Micrographic Surgery policy, under section 11 Maintenance, stated, "Daily record temperatures of the cryostat and the room, and record humidity" 2. A review of the Lecia Cryostat operator's manual listed the relative humidity for operation as 20 to 60 % and for storage and transport as 10 to 85 %. 3. A review of the Mohs Lab Temp Log revealed the laboratory failed to document humidity in 2024 and 2025 4. A review of the Mohs Lab Temp Log also revealed the laboratory failed to document temperatures for the cryostat and room for the following days. - 07/24/2024 - 08/15/2024 - 08/21/2024 - 08/22/2024 - 08/28/2024 - 11/23/2024 - 05/21/2025 - 05/22/2025 - 05/26/2025 5. An interview on 07/17/2025 at 10:30 am with the Unit Director confirmed the above findings. 6. The laboratory reported performing 2,340 mohs tests annually

**D6046**

**TECHNICAL CONSULTANT RESPONSIBILITIES**

CFR(s): 493.1413(b)(8)

(b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently. The procedures for evaluation of the competency of the staff must include, but are not limited to--

This STANDARD is not met as evidenced by:  
Based on a review of the facility's test menu, Centers for Medicare and Medicaid (CMS) 209 personnel form, the Mineral Oil Preparation: Scabies Testing procedure, lack of documentation, and interview with the Unit Director, the technical consultant failed to perform annual competency assessments for mineral oil scabies testing for two of two testing personnel in 2024 and 2025. Findings Included: 1. A review of the facility's test menu listed the facility performing mineral oil scabies testing. 2. A review of the CMS 209 personnel form listed two personnel (TP 2 and TP3) performing mineral oil scabies testing. 3. A review of the Mineral Oil Preparation: Scabies Testing procedure, under section 5 Competency, stated, "There is no competency." 4. The laboratory failed to provide documentation of annual competency assessments being done for mineral oil scabies testing. 5. An interview on 07/17/2025 at 10:00 am with the Unit Director confirmed the above findings. 6. The laboratory reported performing 10 mineral oil scabies tests annually.