

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D1073594	(X3) Date Survey Completed 03/11/2026
Name of Provider or Supplier Dermatology & Skin Cancer Center Of Nm	Street Address, City, State 5120 Masthead St Ne, 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
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 review of form Center for Medicare and Medicaid Services Form 116 (CMS 116), lack of documentation, and interview with testing personnel 1 (TP1), the laboratory failed to twice annually verify the accuracy of unregulated analytes Immunohistochemical Stains (IHC) and Special Stains in 2024 and 2025. Findings include: 1. Review of form CMS-116 revealed the laboratory performs IHC and Special Stains. 2. The laboratory failed to provide requested record of twice annual verification of accuracy for IHC and Special Stains in 2024 and 2025. 3. During an interview on 03/11/2026 at 10:56 am with TP1, TP1 indicated verification of accuracy for IHC and Special Stains were not performed in 2024 and 2025. 4. The laboratory reports 17455 Histopathology tests annually.</p>
D5401	<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> <p>This STANDARD is not met as evidenced by: Based on review of form Center for Medicare and Medicaid Services Form 116 (CMS 116), review of laboratory's quality systems policy, lack of documentation, and</p>

interview with testing personnel 1 (TP1), the laboratory failed to have a policy for twice annual verification of accuracy of unregulated analytes. Findings include: 1. Review of form CMS-116 revealed the laboratory performs testing for unregulated analytes Immunohistochemical Stains, Special Stains, and Hematoxylin and Eosin Stains. 2. Review of the laboratory's quality systems policy revealed no policy for twice annual verification of accuracy of unregulated analytes. 3. The laboratory failed to provide requested policy for twice annual verification of accuracy of unregulated analytes. 4. An interview on 03/11/2026 at 10:56 am with TP1 confirmed the above findings. 5. The laboratory reports 17455 Histopathology tests annually.

D6120

TECHNICAL SUPERVISOR RESPONSIBILITIES
CFR(s): 493.1451(b)(7)(8)

(b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (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.

This STANDARD is not met as evidenced by:
Based on review of form Center for Medicare and Medicaid Services 209 Personnel Form (CMS 209), lack of documentation, and interview with testing personnel 1 (TP1), the Technical Supervisor failed to maintain competency assessments for 3 of 3 testing personnel performing Immunohistochemical (IHC) and Special Stains in 2024 and 2025. Findings include: 1. Review of form CMS-209 revealed three testing personnel perform IHC and Special Stains. 2. Review of laboratory's peer review records revealed no documented assessments of IHC and Special Stains for 3 of 3 testing personnel in 2024 and 2025. 3. The laboratory failed to provide requested competency assessments for 3 of 3 testing personnel performing IHC and Special Stains in 2024 and 2025. 4. During an interview on 03/11/2026 at 10:56 am with TP1, TP1 indicated competency assessments were not performed for testing personnel performing IHC and Special Stains in 2024 and 2025. 5. The laboratory reports 17455 Histopathology tests annually.