

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D2084144	(X3) Date Survey Completed 07/11/2022
Name of Provider or Supplier High Desert Dermatology	Street Address, City, State 12241 Academy Rd Ne Ste 204, 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	The following standard deficiencies were cited as the results of a recertification survey on 07/11/2022. This facility was found NOT to be in compliance with the CLIA regulations found at 42 CFR for the specialties/subspecialties in which it was surveyed.
D5219	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(2)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure listed in subpart I of this part for which compatible proficiency testing samples are not offered by a CMS-approved proficiency testing program.</p> <p>This STANDARD is not met as evidenced by: Based on the review of laboratory policy, quality control records, and interview with the laboratory staff, the laboratory failed to perform the twice a year verification of the microscopic evaluation of frozen tissue sections for 2 of 2 assessments in 2020 and 2021. This is a repeat deficiency from 2019. Findings included: A. Review of the laboratory policy revealed the laboratory had no written policy regarding the twice a year verification process. B. Review of quality control/quality assurance records revealed no documentation of the accuracy verification for the microscopic evaluation for 2 of 2 assessments in 2020, and 2 of 2 assessments in 2021. C. During an interview on 07/11/2022 at 3:00 pm, the lead medical assistant stated that she is still learning her job and was not aware of the twice a year verification process. This confirmed the above findings.</p>
D5473	<p>CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials</p>

for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed.

This STANDARD is not met as evidenced by:

Based on review of laboratory policy, quality logs for the stain, and confirmed in staff interview, the laboratory failed to define intended reactivity for the Hematoxylin and Eosin (H & E) stain to ensure predictable staining characteristics for 6 months reviewed in 2020, and 6 months reviewed in 2021. Findings included: A. Review of the laboratory policy revealed the laboratory had no written policy defining the intended reactivity for the H & E stain to ensure predictable staining characteristics. B. Review of a sampling of the Stain Quality Logs for 6 of 12 months reviewed (June through December), in 2020 and 2021, revealed the Slide Quality was documented as "Excellent". The laboratory failed to define the specific staining characteristics that constitutes a grade of "Excellent" on the log. C. During an interview on 07/11/2022 at 2:30 pm, the lead medical assistant confirmed these findings.