Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	34D1030592	09/25/2019
Name of Provider or Supplier	**Street Address, City, State**	
Piedmont Cosmetic Surgery & Dermatology Center	1915 Westpark Drive Suite 108, North Wilkesboro, NC	

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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on review of 2018 and 2019 laboratory records and interview with TP (testing personnel) 9/25/19, the laboratory failed to verify the accuracy of the Mohs histopathology and dermatopathology slides at least twice a year during 2018. Review of 2018 and 2019 laboratory records revealed the laboratory sent two cases to an outside laboratory for peer review in July 2019. There was no documentation available to indicate that the laboratory performed any activity to verify the accuracy of the Mohs histopathology and dermatopathology testing during 2018. During interview at approximately 10:30 a.m., TP #1 confirmed the laboratory did not perform any activity to verify the accuracy of the Mohs histopathology and dermatopathology testing during 2018. He stated the cases sent for peer review in July 2019 were 2018 cases. He stated they are planning to send additional cases for peer review this year.
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the

	condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on review of three random Mohs histopathology patient test reports (MRN #31932, #85404, #42709) and interview with TP (testing personnel) 9/25/19, the laboratory's test reports did not indicate the address of the laboratory where the tests were performed. Review of three random patient test reports (MRN #31932, #85404, #42709) revealed the header on all three test reports listed the address of the laboratory's sister facility in another city. In the "Procedure" section of the reports, the "Surgery Location" listed both the sister facility's address and the address of the laboratory, so it was unclear where the Mohs surgery was performed. During interview at approximately 11:45 a.m., TP #1 confirmed the laboratory's address was not indicated on the test reports as the location where testing was performed.