

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D1014917	(X3) Date Survey Completed 10/14/2021
Name of Provider or Supplier Dermatology & Laser Center Of Oklahoma	Street Address, City, State 9306 S Toledo Court, Tulsa, OK	
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 recertification survey was performed on 10/14/2021. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the laboratory director at the conclusion of the survey.
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 a review of records and interview with the histotechnologist and laboratory director, the laboratory failed to verify the accuracy of slide interpretations at least twice annually. Findings include: (1) On 10/14/2021 at 09:40 am, the histotechnologist stated to the surveyor, the laboratory performed microscopic interpretations of H&E (Hematoxylin and Eosin) stained slides from procedures on dermatologic biopsies and tissues removed during Mohs surgery. The tissue would then be observed microscopically; (2) The surveyor reviewed records for testing performed from July 2019 through the day of the survey (10/14/2021) and identified the accuracy of the slide interpretations had not been verified twice annually. The interpretations had not been verified for accuracy between 07/30/2019 and 11/10/2020; (3) The surveyor reviewed the records with the laboratory director who stated on 10/14/2021 at 11:25 am the slide interpretations had not been verified for accuracy twice annually as shown above.</p>
D6102	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(12)</p> <p>The laboratory director must ensure that prior to testing patients' specimens, all personnel have the appropriate education and experience, receive the appropriate</p>

training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results.

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the billing and credentialing specialist and histotechnologist, the laboratory director failed to ensure a testing person had the appropriate training for performing grossing for Mohs surgical procedures. Findings include: (1) On 10/14/2021 at 09:40 am, the histotechnologist stated the following to the surveyor: (a) The laboratory performed microscopic interpretations of H&E (Hematoxylin and Eosin) stained slides from procedures on dermatologic biopsies and tissues removed during Mohs surgery. The tissue would then be observed microscopically; (b) The grossing portion of the procedure (measurement, inking, mapping) was performed by the histotechnologist, who was hired to perform the testing in July 2021. (2) The surveyor reviewed personnel records for the histotechnologist and could not locate documented training; (3) The surveyor reviewed the findings with the billing and credentialing specialist and histotechnologist. Both stated on 10/14/2021 at 09:50 am, that although training had been performed for the histotechnologist, it had not been documented.