

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D2089523	(X3) Date Survey Completed 02/09/2024
Name of Provider or Supplier Utica Park Clinic-Dermatology	Street Address, City, State 9245 S Mingo Rd #335, 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 initial survey was performed on 02/09/2024. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the laboratory coordinator during an exit conference performed 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 laboratory coordinator and histotechnician, the laboratory failed to verify the accuracy of Mohs and biopsy testing at least twice annually during the review period of October 2022 through the current date. Findings include: (1) On 02/09/2024 at 10:45 am, the histotechnician stated the laboratory performed microscopic interpretations of H&E (Hematoxylin and Eosin) stained slides from frozen section skin biopsies and tissues removed during Mohs surgery. The tissue would then be observed microscopically; (2) A review of records from October 2022 through the current date identified no evidence the testing had been verified for accuracy twice annually as follows: (a) Mohs - not performed between 10/11/2022 and 12/06/2023; (b) Skin Biopsies - not performed during the review period. (3) The records were reviewed with the laboratory coordinator and histotechnician who stated on 02/09/2024 at 11:45 am, the testing had not been verified for accuracy at least twice annually as stated above.</p>
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification,</p>

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 a review of records and interview with the laboratory coordinator, the laboratory failed to ensure patient test reports included the address of the laboratory location where the testing was performed for six of six reports reviewed. Findings include: (1) A review of the following six patient reports identified the laboratory address was not included: (a) Patient AM23-152 resulted on 03/22/2023; (b) Patient AM23-186 resulted on 04/04/2023; (c) Patient AM23-821 resulted on 12/12/2023; (d) Patient AM24-004 resulted on 01/02/2024; (e) Patient AM24-017 resulted on 01/08/2024; (f) Patient AM24-085 resulted on 01/31/2024. (2) The findings were reviewed with the laboratory coordinator who stated on 02/09/2024 at 12:15 pm, the laboratory address had not been included on the patient test reports.

D6127

TECHNICAL SUPERVISOR RESPONSIBILITIES

CFR(s): 493.1451(b)(9)

The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the laboratory coordinator and histotechnologist, the technical supervisor failed to ensure competency evaluations for high complexity testing had been performed semiannually during the first year of testing for one of one testing person. Findings include: (1) On 02/09/2024 a review of personnel records for one person performing high complexity testing identified the initial training was completed on 10/21/2022. There was no evidence a competency evaluation had been performed to date; (2) The records were reviewed with the laboratory coordinator and testing person #1 who stated on 02/09/2024 at 11:20 am, a semiannual competency evaluation had not been performed.

D6128

TECHNICAL SUPERVISOR RESPONSIBILITIES

CFR(s): 493.1451(b)(9)

The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least annually after the first year, unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation.

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the laboratory coordinator and histotechnologist, the technical supervisor failed to ensure competency evaluations for

high complexity testing had been performed annually for one of one testing person. Findings include: (1) On 02/09/2024 a review of personnel records for one person performing high complexity testing identified the initial training was completed on 10/21/2022. There was no evidence a competency evaluation had been performed to date; (2) The records were reviewed with the laboratory coordinator and testing person #1 who stated on 02/09/2024 at 11:25 am, an annual competency evaluation had not been performed.