

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  37D2157238	<b>(X3) Date Survey Completed</b>  04/05/2023
<b>Name of Provider or Supplier</b>  Southside Dermatology, PLLC	<b>Street Address, City, State</b>  720 W 71st Street S, Tulsa, OK	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	The recertification survey was performed on 04/05/2023. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with histotechnician #1 and histotechnician#2 at the conclusion of the survey.
<b>D5217</b>	<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 histotechnician #1 and histotechnician #2, the laboratory failed to verify the accuracy of KOH and Scabies testing at least twice annually during the review period of June 2021 through the current date. Findings include: (1) On 04/05/2023 at 09:20 am, histotechnician stated to the following testing was performed: (a) KOH (Potassium Hydroxide) testing as a PPM (Provider Performed Microscopy) procedure; (b) Scabies testing as a PPM procedure. (2) A review of records from June 2021 through the current date identified no evidence the testing had been verified for accuracy twice annually during the review period; (3) The records were reviewed with histotechnician #1 and histotechnician #2. Both stated on 04/05/2023 at 11:45 am, the testing had not been verified for accuracy at least twice annually.</p>