

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0624734	(X3) Date Survey Completed 08/27/2026
Name of Provider or Supplier Dermatology Associates	Street Address, City, State 10215 Sw Hall Blvd, Tigard, OR	
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
D5219	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(2) (c)(2) 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. This STANDARD is not met as evidenced by: Based on review of the potassium hydroxide (KOH) Biannual Verification documentation and interview with the laboratory manager, the laboratory failed to perform and document the required biannual verification of the KOH test system. Findings include: 1. Upon request for written documentation of biannual verification of KOH performed during calendar year 2025 and 2026 to date, none could be produced. 2. Interview with the laboratory manager at 09:00 am on 08/27/2026 confirmed that the required biannual verification of the KOH test system had not been performed or documented. 3. The laboratory has not performed a KOH test since the previous survey conducted on 10/11/2024.
D5779	CORRECTIVE ACTIONS CFR(s): 493.1282(a) (a) Corrective action policies and procedures must be available and followed as necessary to maintain the laboratory's operation for testing patient specimens in a manner that ensures accurate and reliable patient test results and reports. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and interview with the laboratory manager, the laboratory failed to establish and maintain written procedures for corrective action on the cryostat when required temperature monitoring results

	were outside established parameters to ensure the accuracy and reliability of patient testing. Findings include: 1. Upon request, the laboratory was unable to provide a policy outlining corrective actions to be taken when temperature monitoring results were outside established parameters on the cryostat. 2. Interview with the laboratory manager at 08:30 am on 08/27/2026 confirmed that the laboratory did not have a written policy addressing corrective actions for failed temperature monitoring results. 3. The laboratory performs 9000 histopathology tests annually.
D5781	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population. This STANDARD is not met as evidenced by: Based on review of cryostat temperature logs and interview with the laboratory manager, the laboratory failed to document corrective action when cryostat temperatures were outside of the laboratory's established parameters. Findings include: 1. Review of the MOHS LAB DAILY CHECKLIST log sheets from August 2024 through August 2026 to date revealed that the laboratory did not document corrective action when cryostat temperatures were outside of established parameters. a. Cryostat temperatures were documented outside of the established parameters on 321 of 377 days reviewed. No corresponding documentation of corrective action was identified for the out-of-range temperatures. 2. Interview with the laboratory manager at 08:30 am on 08/27/2026 confirmed that corrective action was not documented when cryostat temperatures were outside of the established parameters. 3. The laboratory performs 9000 histopathology tests annually.