

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0628271	(X3) Date Survey Completed 07/13/2026
Name of Provider or Supplier Bend Dermatology Clinic Lab Llc	Street Address, City, State 2747 Ne Conners Avenue, Bend, 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
D6076	LABORATORY DIRECTOR CFR(s): 493.1441 The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart. This CONDITION is not met as evidenced by: Based on review of documentation presented for review and interview with office personnel (OP #1), the Laboratory Director (LD) failed to ensure that there was an adequate quality assessment (QA) and quality control plan (QC) in place, that personnel had training, were competent and had current & approved procedures to follow, to provide accurate and reliable patient results.. Findings include: See D6093, D6098, D6103, D6106, D6107, D6120, D6127
D6093	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) (e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur; This STANDARD is not met as evidenced by: Based on lack of documentation and interview with office personnel (OP #1), the laboratory director (LD) failed to ensure appropriate Quality Assurance (QA) and Quality Control (QC) policies and procedures were developed and being followed by all laboratory personnel. Findings include: 1. A review of the documents presented at time of survey identified that the LD failed to ensure there was a QA policy in place that includes all three (3) phases of testing. 2. A review of the "Lab Quality Assurance

	for KOH Testing" under #5 "QC Measures", stated that the microscope QC included Calibration weekly. 3. A lack of documentation identified that the LD failed to ensure that weekly microscope calibration was performed. 4. In an interview with office personnel (OP #1), at 2:30 pm, she stated she could not assist me in providing further documents for this lab. 5. Interview with the LD could not be completed as she was off this day. Email requests for a phone interview with the LD twice, have not been successful. 6. The determination of the number of histological procedures performed annually could not be made as the CMS form 116 under specialties (Histology #610) was left blank.
D6098	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(8) (e)(8) Ensure that reports of test results include pertinent information required for interpretation; This STANDARD is not met as evidenced by: Based on lack of documentation and interview with office personnel (OP #1), the laboratory director (LD) failed to provide selected patient reports for assessment. Findings include: 1. There were no patient reports provided for review. 2. Interview with OP #1 at 2:30 pm confirmed that she could not provide any additional documents for this lab. 3. Interview with the LD could not be completed as she was off this day. Email requests for a phone interview post survey, with the LD twice, have not been successful. 4. The determination of the number of histological procedures performed annually could not be made as the CMS form 116 under specialties (Histology #610) was left blank.
D6103	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13) (e)(13) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills; This STANDARD is not met as evidenced by: Based on lack of documentation, attempts to interview the laboratory director (LD), and interview with office personnel (OP #1), the laboratory director (LD) failed to ensure policies and procedures for the training and competencies of all testing personnel were established. Findings include: 1. A lack of documentation provided at time of survey identified that the laboratory director (LD) failed to ensure that there was a policy for the training of all individuals performing any of the three (3) phases of testing. 2. The CMS 209 form identified three (3) new personnel since last CoC survey, one (1) Physicians Assistant and two (2) MD's. 3. In an interview with OP #1 at 2:00 pm, she stated she could not provide any documentation for this lab. 4. Interview with the LD could not be completed as she was off this day. Email requests for a phone interview with the LD twice, have not been successful.. 5. Determination of the number of histological procedures performed annually could not be made as the CMS form 116 under specialties (Histology #610) was left blank.

D6106	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(14) (e)(14) Ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process; and This STANDARD is not met as evidenced by: Based on lack of documentation at time of survey and an interview with office personnel #1 (OP #1), the laboratory director (LD) failed to ensure a current & approved procedure manual was available to all testing personnel (TP) involved in any of the three (3) phases of testing. Findings include: 1. Upon review of the documents provided for review, the LD failed to ensure there was a policy/procedure for dermatology specimen collection, specimen rejection, specimen labeling, stain QC documentation, patient contact follow up and for corrective action for discrepant peer review. 2. In an interview with OP #1 at 2:00 pm, it was stated that she could not provide any further documentation for this survey. 3. Interview with the LD could not be completed as she was off this day. Email requests for a phone interview with the LD twice, have not been successful. 4. Determination of the number of histological procedures performed annually could not be made as the CMS form 116 under specialties (Histology #610) was left blank.
D6107	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(15) (e)(15) Specify, in writing, the responsibilities and duties of each consultant and each supervisor, as well as each person engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or result reporting and whether supervisory or director review is required prior to reporting patient test results. This STANDARD is not met as evidenced by: Based on the lack of a designation of duties for review, the laboratory director (LD) failed to ensure a current designation of duties, including all laboratory personnel, was written and approved. Findings include: 1. A lack of documents provided identified that the LD failed to write a designation of duties for all laboratory personnel. 2. In an interview with OP #1 at 2:30 pm, it was stated she could not provide any documentation for this lab. 3. Interview with the LD could not be completed as she was off this day. Email requests for a phone interview with the LD twice, have not been successful. 4. Determination of the number of histological procedures performed annually could not be made as the CMS form 116 under specialties (Histology #610) was left blank.
D6120	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(7)(8) (b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.

	This STANDARD is not met as evidenced by: Based on review of the CMS 209 form, testing personnel (TP) records, educational documents and competency assessments, and interview with office personnel (OP #1), the technical supervisor (TS), also the laboratory director (LD), failed to ensure that all TP received the proper training and competency assessments required to perform their job duties. Findings include: 1. Review of the potassium hydroxide (KOH) training & competency records, four (4) out of eight (8) TP lacked any training or bi-annual assessments for 2025. (TP #4, TP #5 & TP #8) 2. Review of the peer review documents for MD's, provided for review, it was revealed that two (2) out of five (5) MD's had no record of high complexity peer review for 2025 - 2026 to date. (TP #4 & TP #5) 3. In an interview with OP #1 at 2:00 pm, it was stated she could not provide any documentation for this lab. 4. Interview with the LD/TS could not be completed as she was off this day. Email requests for a phone interview post survey, with the LD /TS twice, have not been successful. 5. The annual test count cannot be stated as the CMS 116 form section VIII was not completed correctly twice.
D6127	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9) (b)(9) 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 review of the documentation provided and attempts to interview the technical supervisor (TS), also the laboratory director (LD), the TS failed to ensure all testing personnel (TP) reporting out high complexity patient reports, are evaluated at least semi-annually during their first year of employment. Findings include: 1. Upon review of the personnel records provided, no training or competency assessments for two (2) new testing personnel (TP), performing high complexity testing (TP #4 & TP #5), could be found. No date of hire could be confirmed to aid in assessment. 2. Interview with the LD/TS could not be completed as she was off this day. Email requests for a phone interview post survey, with the LD/TS twice, have not been successful. 3. The annual test count cannot be stated as the CMS 116 form section VIII was not completed correctly twice.