

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 38D0856422	<b>(X3) Date Survey Completed</b> 10/22/2018
<b>Name of Provider or Supplier</b> Clackamas Dermatology Pc - Hillsboro	<b>Street Address, City, State</b> 545 Se Oak Street Suite B, Hillsboro, OR	
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>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 upon review of records and interview with staff during site survey on 10/22 /2018 at approximately 12:00 pm, the laboratory failed to perform and document bi-annual verification of the reading and interpretation of Mohs slides performed at this site. Findings include: 1. There was no documentation of bi-annual verification of the Mohs surgeon by the Laboratory Director (LD) for 2017. 2. There was no documentation of bi-annual verification of the Mohs surgeon by LD for 2018.</p>