

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  38D2021210	<b>(X3) Date Survey Completed</b>  03/31/2021
<b>Name of Provider or Supplier</b>  Dermatology Professionals Llc	<b>Street Address, City, State</b>  2228 Lloyd Center Mall, Portland, 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: Review of Proficiency Testing records and discussion with the staff revealed that the laboratory failed to perform biannual verification of Histopathology slides read by the Dermatologist. Findings includes. 1. Review of proficiency records revealed no biannual verifications of histopathology slides were performed for the year 2019, 2020 and 2021. 2. The Laboratory Director and Clinic Administrator concurred with these findings on 03/31/2021 @ 15:30 PM.</p>