Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	38D2052874	04/27/2026
Name of Provider or Supplier	**Street Address, City, State**	
Bend Dermatology Clinic-Redmond	1475 Nw 4th St, Redmond, 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
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on review of the written evidence of bi-annual verification for the potassium hydroxide (KOH) wet mount or the scabies mineral oil microscopy exam and phone interview with the lead Histotechnologist (HT #1) post survey, the laboratory failed to perform bi-annual verification for all personnel listed on the CMS 209 form, performing KOH wet mounts and scabies wet preps with mineral oil procedures. Findings include: 1. Upon review of the documents provided for review during survey, specifically for the KOH procedure, the only documentation of peer review for this procedure presented for review during survey revealed the last documented peer review for these procedures were performed on 03/18/2026 and 4/21/2026. 2. Request for the number of KOH wet mounts and scabies microscopy examinations performed for this facility revealed numbers in 2024 and 2025 too numerous to count. 3. Review of the evidence of bi-annual verification records revealed there was no evidence of bi-annual verification for KOH mounts or Scabies for 2024 and 2025. 4.The number of KOH procedures presented by HT #1 05/12/2026 could not be separated by provider, so it was not possible to count the number of KOH's for each provider in the Bend Dermatology Redmond location. 5. Interview by phone with the lead HT (HT #1) on 05/12/2026 at 2:31 pm confirmed that there was no further evidence of bi-annual verification for KOH wet mounts for 2024 and 2025 for any personnel performing KOH wet mounts at the Redmond location. 6.The number of KOH mounts and scabies oil microscopy could not be determined as referenced in the above findings.
D5291	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)

	The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236. This STANDARD is not met as evidenced by: Based on review of the Quality Assurance (QA) policy in place at this location and phone interview with Histotechnician #1, (HT #1), the laboratory failed to ensure an approved QA plan was in place, involved all laboratory testing personnel and included all three (3) phases of testing - pre-analytical, analytical and post analytical phases. Findings include: 1. Interview with the lead HT #1 05/12/2026 at 2:31 pm confirmed that the laboratory failed to ensure a QA plan was in place that included all 3 phases of testing. 2. This is a repeat citation from initial survey. See D5291 citation from 07 /09/2024 initial survey.
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) (b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (b)(1) Water quality. (b)(2) Temperature. (b)(3) Humidity. (b)(4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on review of the temperature charts for this lab and interview with Histotechnician (HT #2), the laboratory failed to monitor the room temperature for this clinic each day it is open. Findings include: 1. Upon request for the temperature logs for room temperature, as well as evidence of monitoring the range in which the room temperature is acceptable, none could be produced. 2. Review of the temperature range for the flammables stored within the flammables cabinet at this facility, it was noted that the storage temperature was 15 degrees C - 30 degrees C. 3. Phone interview with lead HT #1 on May 12, 2026 at 2:30 pm confirmed that the lab was not performing daily checks of the room or ambient temperature in this laboratory. 4. This is a repeat citation from 07/09/2024. 5. The laboratory reports performing 928 Mohs dermatologic procedures annually.
D5415	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c) (c) Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (c)(1) Identity and when significant, titer, strength or concentration. (c)(2) Storage requirements. (c)(3) Preparation and expiration dates. (c)(4) Other pertinent information required for proper use.

	This STANDARD is not met as evidenced by: Based on observation of secondary containers in the flammables cabinet containing various chemicals used for Mohs surgery and one unlabeled carboy containing isopropyl alcohol in the laboratory's flammables cabinet, interview with Histotechnician (HT #2) and phone interview with the HT #1, the laboratory failed to ensure secondary containers were labeled with the required safety information and required documentation on secondary containers, including all requiste information as required by regulation. Findings include: 1. Upon observation of the solvents and other organic solutions stored in the flammables cabinet in the laboratory, it was observed that there was a large carboy labeled "Isopropyl Alcohol". 2. The carboy in question did not demonstrate the following: a. Storage requirements b. Lot # and expiration date of the mother container. c. Evidence of who prepared and transferred this solution to the secondary container (carboy), including date of preparation or transfer to the secondary container, that includes the requisite information. 3. Interview with HT #2 on 04/27/2026 at 2:30 pm confirmed the carboy did not have any other information on the body of the container and that HT #2 knew nothing further about the contents of this container/carboy. 4. Interview with HT #1 by phone 05/12/2026 at 2:31 pm revealed that this carboy contained Isopropyl Alcohol for cleaning various devices in the Mohs lab. HT #1 also communicated to me during phone interview that he was unaware of the requirement for seconday container labeling during this phone call. 5. The laboratory reports performing 928 Mohs procedures and an undetermined number of potassium hydroxide (KOH) wet mounts annually.