

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D2114137	(X3) Date Survey Completed 05/21/2026
Name of Provider or Supplier Advanced Skin Center	Street Address, City, State 1021 Ne 6th Street, Grants Pass, 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
D5779	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(a)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on review of policies and procedures and interview with the laboratory manager, the laboratory failed to have corrective action (CA) procedures available to ensure patient testing is accurate and reliable. Findings include: 1. Upon request for a policy on corrective action procedures, specifically for temperature monitoring. None could be produced. 2. Interview with the laboratory manager at 10:15am on 05/21 /2026 confirmed the above findings. 3. The laboratory performs 164 parasitology (dermatophyte tests) annually.</p>
D5781	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1)</p> <p>(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.</p>

This STANDARD is not met as evidenced by:

Based on review of room temperature and incubator temperature logs and interview with the laboratory manager, the laboratory failed to document corrective action (CA) taken when temperatures were outside of established ranges. Findings include: 4. Review of Equipment Quality Control Room and DTM Incubator Temperature log sheets for February 2025 through March 2026 revealed the laboratory did not document corrective actions taken when temperatures were outside of established parameters. a. Incubator temperature was out of established parameters 24 out of 123 days. b. Room temperature was out of established parameters 85 out of 123 days. 5. Interview with the laboratory manager at 10:00am on 05/21/2026 confirmed the above findings. 6. The laboratory performs 164 parasitology (dermatophyte tests) annually.