

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0951479	(X3) Date Survey Completed 02/21/2023
Name of Provider or Supplier Saxena Mohs Surgery	Street Address, City, State 455 Pennsylvania Avenue Suite 127, Fort Washington, PA	
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	<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 on review of the laboratory's peer review records, and interview with testing personnel #2 (TP), the laboratory failed to ensure that the verification of accuracy for MOHS micrographic surgery slide examinations were performed at least twice annually in 2021. Findings Include: 1. On the day of the survey, 02/21/2022 at 10:14 am, the laboratory could not provide documentation that the verification of accuracy for MOHS micrographic surgery slide examinations stained using hematoxylin and eosin (H&E) were performed at least twice annually in 2021. 2. The laboratory performed 800 MOHS micrographic surgery slide examinations in 2021. 3. TP #2 confirmed the findings above on 02/21/2023 around 11:00 am.</p>