

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D2174175	<b>(X3) Date Survey Completed</b>  11/18/2021
<b>Name of Provider or Supplier</b>  Allegheny Health Network Dermatology Mohs	<b>Street Address, City, State</b>  1622 Pacific Ave, Natrona Heights, PA	
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 on laboratory record review and interview with the Laboratory Director and MOHS Tech on the date of the survey, the laboratory failed to verify twice annually the accuracy of MOHS micrographic surgery slides examined from 03/03/2020 through the date of survey. Findings include: 1. 278 MOHS micrographic surgery slides were examined from March 2020 through November 2021. 2. The Laboratory could not provide documentation of twice annual accuracy, for MOHS micrographic surgery slides examined, from 03/03/2020 through 11/18/2021. 3. During the survey, the MOHS Tech confirmed the above findings.</p>