

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D1016165	(X3) Date Survey Completed 07/23/2024
Name of Provider or Supplier Chattanooga Skin And Cancer Clinic	Street Address, City, State 6061 Shallowford Road, Chattanooga, TN	
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
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Citation Number One: Based on a review of the laboratory's Mohs Quality Assurance policy, the laboratory's Quality Assurance Meeting policy, the laboratory's alternative proficiency testing (PT) records, and staff interviews, the laboratory failed to follow the policies for performing proficiency testing (14 of 18 months in 2023 and 2024). The findings include: 1. A review of the laboratory policy titled "Mohs Quality Assurance" revealed the following procedure: "-1. Ten Mohs cases are randomly pulled by the histotech every month. - 2. Charts and slides will be submitted to the reviewing physician. - 3. Documentation that cases are reviewed is filed within the Mohs Quality Assurance Form. - 4. Any discrepancies identified are further reviewed with the dermatologist and documented on the final diagnosis form. - 5. The data obtained will be reviewed at the Mohs Quality Assurance Meeting." 2. A review of the laboratory policy titled "Mohs Quality Assurance Meeting" revealed the following procedure: "-1. The Mohs Quality Assurance Meeting will take place every 3 months. - 2. Slides are reviewed along with patient records by a pathologist independent from Chattanooga Skin & Cancer Clinic. The slides are reviewed to ensure that Mohs surgical maps are labeled correctly. (Positive margins are actually positive and negative margins are actually negative.)" 3. A review of the laboratory's 2023 and 2024 alternative PT records revealed that the laboratory had not performed PT testing from March 2023 through June 2024 (14 of 18 months reviewed). 4. An interview with the laboratory consultant and histotech on 07/23/2024 at 11:45 a.m. confirmed the survey findings. Citation Number Two: Based on a review of the laboratory's</p>

Mohs Quality Assurance policy, the laboratory's Quality Assurance Meeting policy, lack of documentation, and staff interviews, the laboratory failed to follow the policies for monitoring proficiency testing in a quarterly Quality Assurance Meeting (6 of 6 meetings in 2023 and 2024). The findings include: 1. A review of the laboratory policy titled "Mohs Quality Assurance" revealed the following procedure: "-1. Ten Mohs cases are randomly pulled by the histotech every month. - 2. Charts and slides will be submitted to the reviewing physician. - 3. Documentation that cases are reviewed is filed within the Mohs Quality Assurance Form. - 4. Any discrepancies identified are further reviewed with the dermatologist and documented on the final diagnosis form. - 5. The data obtained will be reviewed at the Mohs Quality Assurance Meeting." 2. A review of the laboratory policy titled "Mohs Quality Assurance Meeting" revealed the following procedure: "-1. The Mohs Quality Assurance Meeting will take place every 3 months. - 2. Slides are reviewed along with patient records by a pathologist independent from Chattanooga Skin & Cancer Clinic. The slides are reviewed to ensure that Mohs surgical maps are labeled correctly. (Positive margins are actually positive and negative margins are actually negative.)" 3. There were no Quality Assurance Meeting records available for surveyor review for 2023 or 2024 on the date of the survey, 07/23/2024. 4. An interview with the laboratory consultant and histotech on 07/23/2024 at 11:45 a.m. confirmed the survey findings.