

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0983320	(X3) Date Survey Completed 01/22/2020
Name of Provider or Supplier Trueskin Dermatology & Surgery, Inc	Street Address, City, State 10011 S Centennial Parkway #200, Sandy, UT	
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 quality Mohs frozen section peer review quality assessment records reviewed and interview with staff the laboratory failed to verify the accuracy for the presence or absence of tumor cells at least twice annually in 1 of 2 years of testing reviewed (2019). The laboratory performed approximately 263 frozen sections per year. Findings include: 1. Frozen Section peer review for test accuracy failed to include two events of test accuracy in 2019. 2. In an interview with staff on 01/22 /2020 at approximately 11:30 A.M. staff confirmed they failed to document they checked histopathology frozen section testing twice in 2019.</p>