

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 49D1031013	<b>(X3) Date Survey Completed</b> 05/26/2021
<b>Name of Provider or Supplier</b> Skin Cancer Center Of Northern Virginia	<b>Street Address, City, State</b> 19465 Deerfield Ave, Ste 401, Lansdowne, VA	
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>D0000</b>	An announced virtual CLIA recertification survey was conducted for Skin Cancer of Northern Virginia on May 26, 2021 by the Virginia Department of Health's Office of Licensure and Certification. The survey included an entrance interview on April 29, 2021 and virtual record review conducted on May 21, 2021. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. The specific deficiency is as follows:
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 a review of the Centers for Medicare and Medicaid Services CLIA Laboratory Application for Certification form (CMS 116), laboratory's policies and procedures, quality assurance documentation, lack of documentation, and interviews, the laboratory failed to perform four (4) of four (4) annual Histopathology accuracy verifications in calendar years 2019 and 2020. Findings include: 1. Review of the laboratory's CMS 116 form revealed the laboratory was performing high complexity Histopathology during the twenty-eight months reviewed (January 2019 to May 2021). 2. Review of the laboratory's policies and procedures revealed a policy, "Frequency and Record of Quality Control Analyses", that stated "Two cases of Mohs surgery will be sent to the outside laboratory per year. These cases will be reviewed, and the results recorded on the appropriate QC form." 3. Review of the laboratory's quality assurance documentation from January 2019 to the date of survey revealed a lack of documentation of the Histopathology two times accuracy verification for calendar years 2019 and 2020. The inspector requested documentation of the two times verification of accuracy for 2019 and 2020. The laboratory provided no additional documentation for review. 4. In an interview with the Mohs Technician on</p>

May 26, 2021 at approximately 11:05 AM, the Mohs Technician stated they forgot to perform the two times accuracy verification for 2019 and 2020. 5. In an interview with the Laboratory Director on May 26, 2021 at approximately 11:10 AM, the above findings were confirmed.