

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  01D2198027	<b>(X3) Date Survey Completed</b>  05/28/2025
<b>Name of Provider or Supplier</b>  Advanced Dermatology & Cosmetic Surgery	<b>Street Address, City, State</b>  286 Mitylene Park Drive, Montgomery, AL	
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 reviews of the Peer Review Proficiency Testing, the MOHS Proficiency (MP) logs, and an interview with the Regional Manager (RM), the laboratory failed to ensure a consensus assessment and diagnosis was documented when there was a discrepancy of results between the Pathologist and MOHS surgeon's diagnoses. This was noted on one of the five patients submitted for December 2023. The findings include: 1. A review of the December 2023 MP logs revealed the Pathologist, and the MOHS surgeon were not in agreement on the diagnosis for case number BM23-399. Diagnoses were reported as follows: A) Pathologist - Basal Cell Carcinoma (BCC) present in tissue section. B) MOHS surgeon - Negative BCC 2. A further review of the log revealed the same MOHS surgeon had noted at the bottom of the page "True margin clear by frozen section" after the report was received on 01-26-2024. There was no evidence of a third-party assessment for the discrepancy. 3. During the exit conference with the RM and Laboratory Manager on 05-28-2025 at 2:00 PM, the RM confirmed the above findings.</p>
<b>D5429</b>	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on reviews of the 2023-2025 Hematoxylin and Eosin (H&E) maintenance logs, the Policy and Procedure Manual (P&P), patient test logs, and an interview with the Regional Manager (RM), the laboratory failed to follow and document the stain maintenance procedure prior to patient testing. This was noted for 1 of the 31 days in October 2024. The findings include: 1. A review of the 2024 H&E logs revealed the laboratory failed to document the required stain maintenance procedures prior to patient testing on October 22, 2024. 2. A review of the P&P manual revealed a Stain Log with the following instructions: a) filter daily, b) change weekly. 3. A review of the patient test logs revealed 11 patients were performed on October 22, 2024. 4. During the exit conference on 05-28-2025 at 2:00 PM, the RM confirmed the above findings.