Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	01D2281690	01/27/2026
Name of Provider or Supplier	**Street Address, City, State**	
Alabama Dermatology And Rejuvenation Center	972 Montclair Rd Suite 100, Birmingham, AL	

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
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on reviews of the Quality Assurance (QA) Proficiency Testing (PT) records, the Proficiency Testing (PT) Policy and Procedure (P&P) manual, and an interview with the MOHS Tech, the Laboratory Director (LD) failed to document the final accuracy verification. The surveyor noted one of the two QA PT submissions in 2025 had a discrepancy that was not reviewed and no corrective action was documented. The findings include: 1. A review of the QA PT records revealed the MOHS surgeon responsible for verifying the submitted PT cases did not review and document why the diagnosis indicated on the MOHS Surgery Map and Excision Pathology Report, Accession #PC25-131239 was inconsistent with the diagnosis on the Final Report for the same Accession #PC25-131239. Testing was performed on 11-11-2025. 2. A further review of the these two reports revealed the following. A) MOHS Surgery Map and Excision Pathology Report diagnosis was Squamous Cell Carcinoma. B) Final Report diagnosis was Basal Cell Carcinoma. 3. During the exit conference on 01-27-2026 at 1:24 PM, the Chief Operating Officer and MOHS Tech confirmed the above findings.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) (a) 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 postanalytic systems specified in 493.1291.

	This STANDARD is not met as evidenced by: Based on a review of the post analytical report and an interview with MOHS Tech, the laboratory failed to ensure the Laboratory Case Number written on the slides matched with the MOHS Surgery Map and Excision Pathology and Final Reports. The surveyor noted one of the two cases in 2024 for the Post analytical reviews had a discrepancy in the the Laboratory Case Number, no investigation with corrective action was documented. The findings include: 1. During the post analytical review, a sample dated 08-01-2024, revealed the slides did not have the same Laboratory Case Number as the MOHS Surgery Map and Final reports. 2. A further review of the slides and reports revealed the following discrepancy. A) Slides case number, M24-522 B) MOHS Map and Final Reports, M22-522 2. During the exit conference on 01-27-2026 at 1:24 PM, the Chief Operating Officer and MOHS Tech confirmed the above findings.