Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D0456688	12/21/2022
Name of Provider or Supplier	**Street Address, City, State**	
Family Dermatology Specialists, Llc	3421 N Causeway Boulevard Suite 202, Metairie, LA	

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
D0000	A Certification survey was performed on December 21, 2022 at Family Dermatology Specialists, LLC, CLIA ID # 19D0456688. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5609	HISTOPATHOLOGY CFR(s): 493.1273(e)(f) (e) The laboratory must use acceptable terminology of a recognized system of disease nomenclature in reporting results. (f) The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on review of the laboratory's policies, quality control logs, test menu, and interview with personnel, the laboratory failed to ensure the testing personnel documented the stain quality of the Toluidine Blue stains for Histopathology testing in 2021 and 2022. Findings: 1. Review of the laboratory's policies under the "Control Slides" section revealed "The first frozen section of the day (tumor tissue from the first lesion) serves as the stain control slide. It is checked by the histotechnician first and by the surgeon/pathologist when he/she becomes available." 2. Review of the laboratory's "Control Tissue Quality Log" for 2021 and 2022 revealed the Testing Personnel did not document the stain quality. 3. In interview on December 21, 2022 at 12:20 pm, the histotech and Laboratory Director stated the histotech performs the initial review of the stain quality and signs the quality log and the Laboratory Director reviews the log to verify the assessment was completed. The Laboratory Director confirmed the Testing Personnel does not document her assessment of the stain quality. 4. Review of the laboratory's test menu revealed the laboratory performs 253 Mohs (Histopathology) tests annually.

D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on review of patient test reports and interview with personnel, the laboratory failed to include the name and address of the laboratory where testing was performed for seven (7) of seven (7) patients reviewed. Findings: 1. Review of the following patient final reports revealed the name and address of the laboratory where the slide interpretation (testing) was performed was not included: M21-131 M21-201 M21-232 M22-030 M22-102 M22-148 M22-231 2. In interview on December 21, 2022 at 1:48 pm, the office manager confirmed the name and address of the laboratory where testing was performed was not included on the patient final test reports.
D6093	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) The laboratory director must ensure that the quality control programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to ensure that a quality control program was maintained to assure the quality of laboratory testing. Refer to D5609.
D6098	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(8) The laboratory director must ensure that reports of test results include pertinent information required for interpretation. This STANDARD is not met as evidenced by: Based on review of patient final reports and interview with personnel, the Laboratory Director failed to ensure patient final reports included required information. Refer to D5805.