

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D1005407	<b>(X3) Date Survey Completed</b>  01/11/2024
<b>Name of Provider or Supplier</b>  Dermatologic Surgery Center Of Washington Llc	<b>Street Address, City, State</b>  5530 Wisconsin Ave, Ste 820, Chevy Chase, MD	
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 procedure manual and proficiency testing (PT) record review and interview with the histotechnician, the laboratory did not ensure that PT was performed at least twice annually. Findings: 1. The procedure, "Quality Control" states that "Twice a year, 4 random selected slides will be sent to (off-site pathologist)." 2. A review of "Quality Control Logs" from 2022 and 2023 showed that eight histology cases were sent out for PT on 03/02/2022 and eight cases were sent out for PT on 06/20/2023. 3. During an interview on 01/11/2024 at 12:00 PM, the histotechnician confirmed that PT slides were not sent out at least twice annually for confirmation by a second pathologist to verify the accuracy of testing.</p>
<b>D5401</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on laboratory procedure manual and record review and interview with the histotechnician, the laboratory did not ensure that the procedure for changing and discarding histopathology stains accurately reflected the current practice in the</p>

laboratory. Findings: 1. The procedure, "Quality Control" states that "All solutions are discarded every other week." The "Mohs Daily Quality Control" procedure states that "all solutions will be discarded at the end of each Mohs procedure day." 2. A review of "Staining Solutions Logs" from 09/11/2023 through 12/18/2023 showed that the "Hematoxylin" was "changed out" (discarded and replaced) 11 out of 27 days of testing; the "100% Alcohol" was changed out 13 out of 27 days; the "95% Alcohol" was changed out 18 out of 27 days; the "Eosin" was changed out 11 out of 27 days; the "Xylene Substitute" was changed out 10 out of 27 days; the "Scotts Tap Water" was changed out 11 out of 27 days; and the "Acid Alcohol" was changed out 9 out of 27 days of testing. 3. During an interview on 01/11/2024 at 12:00 PM, the histotechnician stated that the laboratory does not discard stain solutions after each day of testing and confirmed that the procedure manual needed to be updated.