Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	21D2026498	07/28/2025
Name of Provider or Supplier	**Street Address, City, State**	
Easton Dermatology Associates Llc	403 Marvel Court, Easton, MD	

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
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Based on procedure manual, laboratory patient log, and patient histopathology slide review, surveyor observation, and interview with the histotechnician (HT), the laboratory did not follow the established policies and procedures to ensure positive identification of histology specimens from the time of collection through completion and reporting of patient results. Findings: 1. The procedure manual shows an example of how to label the histopathology slides for Mohs surgery. The HT is required to include the last two digits of the current year followed by the next sequence number for that year, along with the patient's name, date of testing, specimen source (location), and stage number. All patients for Mohs surgery are documented on the "Mohs Accession Log" (patient log). 2. A random review of patient records showed that Patient A was documented as case # "C25-185" in the patient log. Examination of Patient A's histopathology slides showed that there were three slides labeled with the correct name, however one of three slides was labeled with the incorrect case number "C25-184." 3. Patient log record review showed that case # "C25-184" belonged to Patient B. An examination of Patient B ' s slides showed that all three slides were labeled with the correct name, however two of three slides were labeled with the incorrect case number "C25-185" (Patient A ' s case number). 4. During an interview on 07/28/2025 at 12:40 PM, the HT confirmed that histopathology specimens were not correctly identified from the time of collection through completion and reporting of patient results.

D6091	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iii) (e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratorys performance and to identify any problems that require corrective action; and This STANDARD is not met as evidenced by: Based on proficiency testing (PT) record review and interview with the histotechnician (HT) the laboratory director (LD) failed to ensure that histopathology PT results were evaluated and the review documented. Findings: 1. The laboratory performs PT for Mohs surgery by submitting cases (stained slides) to an outside dermatologist for review. PT record review showed that the laboratory fills out the "Slide Quality Review" form with the case number and type of tumor. The form requires the outside dermatologist to evaluate the quality of the tissue specimen, the adequacy of the stain, and whether the margins were clear of tumor cells. The form is signed by the outside dermatologist. 2. A review of PT records from 2025 showed that the laboratory sent three cases to an outside dermatologist for review: case # C25-005 on 01/03/2025; case # C25-143 on 04/25/2025; and case # C25-257 on 06/27/2025. 3. There was no documentation on three of three "Slide Quality Review" forms reviewed that the LD had evaluated the PT results and determined whether the laboratory had passed the PT. 4. During an interview on 07/28/2025 at 12:40 PM the HT confirmed that the laboratory failed to evaluate and document the results of histopathology PT.