

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D2079951	<b>(X3) Date Survey Completed</b>  05/01/2026
<b>Name of Provider or Supplier</b>  Anne Arundel Dermatology	<b>Street Address, City, State</b>  1185 Imperial Drive Ste 201, Hagerstown, 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>D3029</b>	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(2)</p> <p>Test procedures. Retain a copy of each test procedure for at least 2 years after a procedure has been discontinued. Each test procedure must include the dates of initial use and discontinuance.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory records and interview with the laboratory consultant (LC), the laboratory failed to retain a copy of the procedure manual for Mohs surgery that was in use during 2025. Findings: 1. Since the previous recertification survey on 06/20/2024, the laboratory changed testing personnel (TP). 2. The TP were no longer employed by the laboratory as of 12/31/2025. 3. On 05/01/2026 at 9:45 AM, the LC confirmed that the new TP implemented a new procedure manual and that updated procedure manual was no longer available in the laboratory after the TP left on 12/31/2025.</p>
<b>D3031</b>	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. In addition, retain the following:</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory records and interview with the laboratory consultant (LC), the laboratory failed to retain analytic systems records for Mohs surgery for the end of 2024 and 2025. Findings: 1. The laboratory used a logbook to log every Mohs</p>

surgery patient and assign an accession number that was used for patient slides and test records. The last patient documented on the laboratory log was from 11/22/2024. 2. Everyday of patient testing a quality control (QC) slide was stained to determine the acceptability of the staining reagents. Stain quality was documented on a "Control Slide Log." The last QC result documented on the "Control Slide Log" was from 11/22/2024. 3. The laboratory documented when staining reagents were changed or filtered in a reagent log. The last documented change of staining reagents was from 08/01/2024. 4. The laboratory documented daily maintenance activities including cryostat and microscope maintenance, cleaning activities, and temperatures on a monthly "Lab Maintenance" form. The form had a section at the bottom for the laboratory director's signature and date of review. The last completed "Lab Maintenance" form was from 09/2024. Forms for 06/2024-09/2024 were not signed as reviewed by the laboratory director. 5. Since the previous recertification survey on 06/20/2024, the laboratory changed testing personnel (TP). The TP were no longer employed by the laboratory as of 12/31/2025. 6. On 05/01/2026 at 9:45 AM, the LC confirmed that the new TP implemented a new testing procedure manual (cross-refer to D3029). 7. A "Slide Temperature Log 2025" stated "Humidity/Room Temperature" and was in use for 2025. The log recorded room temperature only and did not include acceptable room temperature ranges. 8. During the exit interview on 05/01/2026 at 11:00 AM, the TC confirmed that all analytic systems records in use with the new TP were no longer available in the laboratory after the TP left on 12/31/2025.

**D3037**

**RETENTION REQUIREMENTS**  
CFR(s): 493.1105(a)(4)

(a)(4) Proficiency testing records. Retain all proficiency testing records for at least 2 years.

This STANDARD is not met as evidenced by:  
Based on review of laboratory records and interview with the laboratory consultant (LC), the laboratory failed to retain proficiency testing (PT) records for Mohs surgery from 2024 and 2025. Findings: 1. The most recent documentation of PT was from 11/20/2023. 2. The PT consisted of a slide review from a second Mohs surgeon to evaluate staining quality and surgical margins. 3. During the exit interview on 05/01/2026 at 11:00 AM, the TC confirmed that there were no records for PT performed in 2024 or 2025.

**D3039**

**RETENTION REQUIREMENTS**  
CFR(s): 493.1105(a)(5)

(a)(5) Quality system assessment records. Retain all laboratory quality system assessment records for at least 2 years.

This STANDARD is not met as evidenced by:  
Based on review of laboratory records and interview with the laboratory consultant (LC), the laboratory failed to retain quality system assessment records for Mohs surgery since the previous recertification survey on 06/20/2024. Findings: 1. Since the previous recertification survey on 06/20/2024, the laboratory changed testing personnel (TP) who implemented a new procedure manual that was no longer available in the laboratory after the TP left on 12/31/2025 (cross-refer to D3029). 2. Analytic systems records were not available for the end of 2024 and 2025 and had not

been signed as reviewed by the laboratory director (cross-refer to D3031). 3. The last documented proficiency testing record was from 11/20/2023 (cross-refer to D3037). 4. During the exit interview on 05/01/2026 at 11:00 AM, the TC confirmed that there were no records for quality system assessment since the previous recertification survey on 06/20/2024.