

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  34D1030592	<b>(X3) Date Survey Completed</b>  03/25/2026
<b>Name of Provider or Supplier</b>  Piedmont Cosmetic Surgery & Dermatology Center	<b>Street Address, City, State</b>  1915 Westpark Drive Suite 108, North Wilkesboro, NC	
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 review of the laboratory's policies and procedures, review of 2024 and 2026 peer review records, and interview with the histology technician 3/25/26, the laboratory failed to verify the accuracy of the Mohs histopathology slides at least twice a year during 2025. Review of the laboratory's "QUALITY ASSESSMENT PLAN - Revised 7/2/25" revealed "... 4. Peer Review: MOHS Lab and Dermatopathology lab will participate in peer reviews ... on a yearly basis. Two MOHS cases are sent on a yearly basis. ..." Review of 2024 and 2026 peer review records revealed the laboratory sent 2 Mohs cases to an outside laboratory for peer review once in 2024 and once 2026. There were no records available of peer review performance in 2025. During interview at approximately 10:30 a.m., the histology technician confirmed the laboratory did not send any Mohs cases for peer review in 2025. This deficiency was cited on previous surveys 11/15/17, 9/25/19, and 1/25/23.</p>
<b>D6127</b>	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on review of the laboratory's form used to document competency evaluations, review of personnel records, and interview with the histotechnician 3/25/26, the technical supervisor (laboratory director) failed to evaluate and document the competency of the histotechnician semiannually during the first year of testing patient specimens. Findings: The "EMPLOYEE EVALUATION FORM" stated "1. Each employee working in the Dermatopathology Laboratory & MOHS Laboratory will undergo an annual evaluation (biannual evaluation for the first year of laboratory employment at 6 months after training is complete and again at the end of their first year). ..." Review of personnel records for the histotechnician revealed training performed June-August of 2024, and a competency evaluation performed in February 2025. There were no other competency evaluation records available for review. During interview at approximately 10:55 a.m., the histotechnician confirmed she did not have two competency evaluations during the first year of testing patient specimens. She stated her competency had not been evaluated since February 2025.