Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	34D2063477	07/30/2026
Name of Provider or Supplier	**Street Address, City, State**	
Piedmont Plastic Surgery & Dermatology Dermlab	1072 X-Ray Drive, Gastonia, NC	

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
D5781	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population. This STANDARD is not met as evidenced by: Based on review of Temperature and Humidity Monitoring Logs, absence of corrective action documentation, review of the Microscopic Tissue Examination Quality Assurance and Control policy, and interview with the Laboratory Manager on 7/30/26, the laboratory failed to assess and correct issues with humidity. Findings: 1. Review of the Temperature and Humidity Monitoring Logs revealed relative humidity necessary for proper storage of reagents and equipment operation equal to 30 - 80 percent. The humidity levels were below 30 percent on the following days of laboratory operation: a. In 2025, humidity was below 30 percent December 12-17 and December 29-31. b. In 2026, humidity was below 30 percent January 12-26, January 28-30, February 3-17, February 23-27, and March 17-20. 2. There was no corrective action documentation available for review. 3. Review of the Microscopic Tissue Examination Quality Assurance and Control policy revealed no instruction concerning ambient humidity and the corrective actions required to resolve out of range humidity levels. 4. During an interview at approximately 1:15 p.m., the Laboratory Manager confirmed there was no corrective action documented. She said the laboratory has never used a humidifier or other means to correct the humidity.

D6083	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(2) (e)(2) Ensure that the physical plant and environmental conditions of the laboratory are appropriate for the testing performed and This STANDARD is not met as evidenced by: Based on review of the Temperature and Humidity Monitoring Logs, absence of corrective actions, and review of personnel records on 7/30/26, the Laboratory Director (LD) failed to ensure environmental conditions were appropriate for the tests performed in the laboratory. Findings: 1. Review of the Temperature and Humidity Monitoring Logs revealed relative humidity necessary for proper storage of reagents and equipment operation equal to 30 - 80 percent. The humidity levels were below 30 percent on the following days of laboratory operation: a. In 2025, humidity was below 30 percent December 12-17 and December 29-31. b. In 2026, humidity was below 30 percent January 12-26, January 28-30, February 3-17, February 23-27, and March 17-20. 2. There was no corrective action documentation available for review. 3. Review of the laboratory's personnel records revealed the absence of a delegated Technical Supervisor or General Supervisor to review environmental conditions and perform corrective actions.