Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	42D2247229	06/17/2024
Name of Provider or Supplier	**Street Address, City, State**	
Advanced Dermatology Of South Carolina	26 Roper Corners Circle, Greenville, SC	

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
D0000	An on-site announced CLIA initial survey was conducted at the Advanced Dermatology of South Carolina by the South Carolina Department of Health and Environmental Control (SC DHEC) Bureau of Healthcare Systems and Services on June 17, 2024. The laboratory was found to be out of compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:
D5293	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c) (b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities. This STANDARD is not met as evidenced by: Based on lack of documentation, policy and procedure review, and staff interview, the laboratory failed to ensure bi-annual accuracy assessments for diagnosis (peer review). Findings included: 1. No documentation of bi-annual accuracy assessmennts for diagnosis for 3 out of 3 years rerviewed (2022,2023, and 2024). 2. A review of the policy and procedure entitled "MOHS Histopathology and Proficiency Testing Policy" states "Peer review proficiency testing for all Mohs surgeons and histopathologists will be performed bi-annually". 3. In an interview with the office manager in the laboratory breakroom on June 17, 2024 at 1:00 pm, findings were confirmed.
D6021	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)

	The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(5) Ensure that quality assessment programs are established and maintained to assure the quality of laboratory services provided. This STANDARD is not met as evidenced by: Based on lack of documentation and staff interview, the laboratory director failed to ensure quality assessment programs were established and maintained to assure the quality of laboratory services provided. Findings included: 1. No documentation of bi-annual accuracy assessments for diagnosis for 3 out of 3 years reviewed (2022,2023, and 2024). 2. A review of the policy and procedure entitled "MOHS Histopathology and Profiociency Testing Policy" states "Peer review proficiency testing for all Mohs surgeons and histopathologists will be performed bi-annually". 3. In an interview with the office manager in the laboratory breakroom on June 17, 2024 at 1;00 pm, findings were confirmed.