Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0505556	03/27/2025
Name of Provider or Supplier	**Street Address, City, State**	
Central Texas Dermatology	102 Westlake Drive # 100, Austin, TX	

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	The laboratory was surveyed and found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, and recertification is recommended. Standard level deficiency was cited.
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, accuracy assessments, pre-survey paperwork, and interview, the laboratory failed to perform twice per year accuracy assessments for Mohs in 2023 for one of four events. Findings follow. A. Review of the laboratory's policy and procedure titled Laboratory Procedure Manual Histopathology- Mohs Surgery, revised 09/07/2021, under 6. Quality Control stated, "6.1.4 The laboratory participates in Quality Assurance of Mohs slides and frozen biopsy slides by an independent board certified dermatologist or dermatopathologist. A minimum of 2 cases are reviewed every 6 months." B. Review of accuracy assessments from 2023 and 2024 showed one accuracy assessment in 2023. C. Review of the pre-survey paperwork showed approximately 1661 Mohs blocks were performed per year. D. Interview with the medical assistant on March 27, 2025 at 1410 hours in the breakroom confirmed after a review of the findings, the accuracy assessments were not performed every six months according to the policy and procedure, and was missing an accuracy assessment in 2023.