

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D0672772	<b>(X3) Date Survey Completed</b>  05/16/2022
<b>Name of Provider or Supplier</b>  Dallas Associated Dermatologists, Plc	<b>Street Address, City, State</b>  12700 Park Central Drive Ste B-150, Dallas, TX	
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>D0000</b>	<p>Noted deficiencies and plans of correction were discussed with the laboratory representatives at the entrance and exit conferences. The facility representatives were given an opportunity to provide evidence of compliance with the noted deficiency, and no such evidence was provided prior to survey exit. The facility was found to be in compliance with applicable Conditions of Participation in the CLIA program, and certification is recommended. Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p>
<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 test menu, review of the laboratory's twice annual accuracy assessments in 2021, and staff interview, it was revealed the facility failed to have documentation of performing accuracy assessments for 22 immunohistochemical stains. The findings include: 1. A review of the laboratory's test menu revealed the facility read slides for the following immunohistochemical stains: S 100 CD10 CD3 CD4 CD5 CD7 CD20 CD30 ALK-1 SMA Sesmin CD34 Factor XIIIa ERG p63 p16 EMA Ki-67 AE1/AE3 HHV8 PRAME SOX-10 2. A review of the laboratory's twice annual accuracy assessments for 2021 revealed the laboratory failed to have documentation of performing the assessments on the 22 identified immunohistochemical stains. 3. The laboratory was asked to provide documentation</p>

of performing the required assessments. No documentation was provided. 4. An interview with the laboratory director on 05/16/2022 at 1140 hours in the conference room - after her review of the records- confirmed the findings.