

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D0877602	<b>(X3) Date Survey Completed</b>  01/09/2020
<b>Name of Provider or Supplier</b>  West Houston Dermatology Pa	<b>Street Address, City, State</b>  2925 Briarpark Dr, Ste 150, Houston, 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 representative(s) at the exit conference. The facility representative(s) were given an opportunity to provide evidence of compliance with the noted deficiencies, 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 recertification 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 a review of the laboratory's polices, a review of the laboratory's Quality Control Analysis Log Sheet, and staff interview, it was revealed the laboratory failed to have documentation of performing twice annual accuracy assessments for 2018 and 2019 for histopathology. Findings include: 1. A review of the laboratory's policy titled 'Laboratory Procedures: Proficiency Testing' revealed the following: "Proficiency testing is applicable to all West Houston Dermatology laboratory personnel performing laboratory procedures or interpreting slides. Test: Histopathology Proficiency Testing Type: Result with Positive/Negative control sample Frequency: Minimum of 2x per year Conducted by: All personnel who interpret histopathology slides" 2. A review of the Quality Control Analysis Log Sheet for 2018 and 2019</p>

revealed the following dates when an accuracy assessment was performed for Histopathology: 3/28/2018- assessment performed on ID# 66648 7/30/2019- assessment performed on ID#34831 3. The laboratory was asked to provide documentation of performing the required twice annual accuracy assessments for Histopathology for 2018 and 2019. No further documentation was provided. 4. An interview with the office manger on 1/9/2020 at 10:00 a.m. in the lunch room, after her review of the records, confirmed the above findings.