

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0889020	(X3) Date Survey Completed 09/11/2026
Name of Provider or Supplier Christine D Brown, Md, Pa	Street Address, City, State 3600 Gaston Ave Bartnett Tower Suite 901, Dallas, 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	An onsite recertification survey was conducted on 09/11/2026. The laboratory was found to be in compliance with CLIA regulations 42 CFR Part 493. Standard level deficiencies were cited.
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on review of the CMS (Center for Medicaid & Medicare Services) 116 form, laboratory policy, proficiency testing records, and confirmed by staff interview, the laboratory failed to have documentation of evaluating the results of the peer reviews to determine accuracy for 1 of 1 event in 2025 and 3 of 3 events in 2026. Findings included: 1. Review of the CMS-116 form submitted at survey by the laboratory revealed the laboratory performed dermatopathology procedures (Mohs). 2. Review of the laboratory policy manual revealed the laboratory did not have a policy for performing twice annual accuracy assessments. 3. Review of the laboratory's twice annual accuracy assessment for 2025 and 2026 revealed the following: Two consultation letters dated 05/28/2025 for cases #C25-1285 and C25-1286. The consultation letters were signed by the peer reviewer. There was no documentation of the results from the peer reviewer being evaluated by the laboratory director for accuracy. One consultation letter dated 05/27/2026 for case #C26-920. The consultation letter was signed by the peer reviewer. There was no documentation of the results from the peer reviewer being evaluated by the laboratory director for accuracy. One Quality Assurance proficiency testing report dated 08/26/2026 for case #M26-184. The report was signed by the peer reviewer. There was no documentation of the results from the peer reviewer being evaluated by the laboratory director for

	accuracy. One Quality Assurance proficiency testing report dated 09/09/2026 for case #1-22-25. The report was signed by the peer reviewer. There was no documentation of the results from the peer reviewer being evaluated by the laboratory director for accuracy. 4. During an interview on 09/11/2026 at 10:25 AM, the histotechnician, after a review of records, confirmed the laboratory failed to have documentation of evaluating the results of the peer reviews to determine accuracy for 1 of 1 event in 2025 and 3 of 3 events in 2026.
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) (b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (b)(1) Water quality. (b)(2) Temperature. (b)(3) Humidity. (b)(4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on review of operator's manual, environmental logs, and confirmed in staff interview, the laboratory failed to ensure room temperature was monitored and documented for 2 of 2 cryostats used in processing dermatopathology specimens for 22 of 22 days in 2026 (March to September). Findings included: 1. Review of the laboratory's cryostat operator's manual page 14 stated: "3. Instrument components and specifications 3.2 Technical data Operating temperature range from +18 C to +35 C. All specifications related to temperature are based on ambient temperature of +22 C and maximum air humidity of 60%!" 2. Review of the laboratory's daily environmental logs from 03/2026 through 09/2026 revealed the laboratory had an acceptable temperature range of "+18 - +35 Degrees Celsius". The laboratory failed to document temperature on the following dates patients were tested and reported: March: 4, 25 April: 1, 7, 14, 21 May: 5, 12, 19 June: 2, 9, 16, 23 July: 7, 14, 28 August: 4, 11, 25 September: 1, 8, 11 3. During an interview on 09/11/2026 at 10:45 AM, the histotechnician, after a review of the records, confirmed the laboratory failed to ensure room temperature was monitored and documented for 2 of 2 cryostats used in processing dermatopathology specimens for 22 of 22 days in 2026 (March to September). Word Key: C - Celsius