Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0918958	06/30/2022
Name of Provider or Supplier	**Street Address, City, State**	
Us Dermatology Partners	1213 Hermann Drive Suite 650, Houston, 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	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.
D5781	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population. This STANDARD is not met as evidenced by: Based on a review of the laboratory's Room Temperature Log Sheets for May and June 2022, and staff interview, it was revealed that the laboratory failed to have documentation of performing corrective actions when the laboratory's humidity was

	outside the acceptable range for 20 of 35 days from May 1, 2022 to June 30, 2022. Findings include: 1. A review of the laboratory's Room Temperature Log Sheets for May and June 2022 revealed the laboratory had a defined acceptability criteria of less than 60% for the humidity. 2. Further review of the Room Temperature Log Sheets revealed the following 20 days where the documented humidity was outside the laboratory's acceptability criteria: 5/2/22 66% 5/3/22 63% 5/4/22 62% 5/9/22 69% 5 /10/22 63% 5/12/22 61% 5/16/22 68% 5/17/22 62% 5/18/22 74% 5/31/22 70% 6/1/22 64% 6/2/22 64% 6/6/22 63% 6/7/22 61% 6/16/22 65% 6/21/22 70% 6/22/22 67% 6/23 /22 67% 6/27/22 67% 6/30/22 61% 3. The office manager was asked to provide documentation of performing corrective actions when the humidity was outside of the acceptable range. No documentation was provided. 4. An interview with the office manager on 6/30/22 at 9:30 a.m. in the break room, after review of the records, confirmed the above findings.
D6128	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9) The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least annually after the first year, unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation. This STANDARD is not met as evidenced by: Based on a review of the laboratory's submitted CMS 209 form, personnel files, and staff interview, it was revealed that the technical supervisor failed to perform a competency assessment on 1 of 2 testing personnel performing high complexity testing. Findings include: 1. A review of the laboratory's submitted CMS 209 form (signed by the laboratory director on 6/29/22) revealed the laboratory identified 2 testing personnel performing high complexity testing. 2. A review of the laboratory's personnel records revealed that there was no documentation of the technical supervisor performing a competency assessment on testing person #2 in 2021. 3. An interview with the office manager on 6/30/22 at 9:50 a.m. in the break room, after review of the records, confirmed the above findings.