

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0926680	(X3) Date Survey Completed 01/25/2022
Name of Provider or Supplier Bellaire Dermatology Associates, Pa	Street Address, City, State 6565 West Loop South, Suite 800, Bellaire, 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	<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>
D6102	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(12)</p> <p>The laboratory director must ensure that prior to testing patients' specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the laboratory's submitted CMS 209 form, the laboratory's personnel records, and staff interview, it was revealed that the laboratory director failed to ensure one of three testing personnel had documentation of on-site training to perform high complexity testing- Mohs. Findings include: 1. A review of the CMS 209 form (signed by the laboratory director on 1/25/22) revealed the laboratory identified three testing personnel performing high complexity testing- Mohs. 2. A review of the laboratory's personnel records revealed the following testing person</p>

failed to have documentation of on-site training for performing Mohs: Testing person #1 3. An interview with the lab operations lead on 1/25/22 at 10:00 a.m. in the conference room, after review of the records, confirmed the above findings.