Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0970303	(X3) Date Survey Completed 01/17/2018
Name of Provider or Supplier Dermatology Associates Of San Antonio	**Street Address, City, State** 18540 Sigma Road, San Antonio, 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 at the entrance and exit conferences. The facility representative was 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.
D5785	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met. This STANDARD is not met as evidenced by: Based on review of the laboratory's room temperature and humidity records for the MOHS section of the laboratory, and staff interview, it was revealed the laboratory failed to have documentation of performing corrective actions when the documented room temperature or humidity levels were outside the laboratory's established acceptable range. The findings were: 1. A review of the laboratory's room temperature and humidity records for the MOHS section of the laboratory from March 2016 to December 2017 revealed the laboratory had the following defined acceptable ranges: Temperature: less than 71.6F Humidity: less than 60% 2. Further review of the records revealed the following days where the documented room temperature or

	humidity level was outside the laboratory's acceptable range: Date Temp/Humidity Reading 03/03/2016 Temperature 72F 04/11/2016 Temperature 72F 05/18/2016 Temperature 72F 05/23/2016 Temperature 72F 05/25/2016 Temperature 72F 05/27 /2016 Temperature 72F 06/06/2016 Temperature 72F 06/09/2016 Temperature 72F 06 /17/2016 Temperature 72F 06/24/2016 Temperature 72F 06/27/2016 Temperature 72F 06/28/2016 Temperature 72F 06/30/2016 Temperature 72F 07/14/2016 Temperature 72F 07/19/2016 Temperature 72F 07/20/2016 Temperature 72F 07/27/2016 Temperature 72F 08/02/2016 Temperature 72F 08/05/2016 Temperature 72F 08/09 /2016 Temperature 72F 08/10/2016 Temperature 72F 08/11/2016 Temperature 72F 08 /12/2016 Temperature 72F 08/16/2016 Temperature 72F 08/17/2016 Temperature 72F 08/23/2016 Temperature 72F 08/31/2016 Temperature 72F 09/06/2016 Temperature 72F 09/08/2016 Temperature 72F 09/21/2016 Temperature 72F 01/05/2017 Temperature 72F 01/31/2017 Temperature 72F 03/22/2017 Temperature 72F 05/05 /2017 Temperature 72F 06/02/2017 Temperature 72F 06/06/2017 Temperature 73F 07 /10/2017 Temperature 72F 08/14/2017 Humidity 64% 09/29/2017 Humidity 63% 12 /08/2017 Temperature 72F 3. The laboratory was asked to provide documentation of performing corrective actions for the identified temperatures and humidity levels. No documentation was provided. 4. An interview with the histology supervisor on 01/17 /2018 at 1030 hours in the office - after her review of the records- confirmed the findings. Key F - degrees Fahrenheit