

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0988160	(X3) Date Survey Completed 06/28/2023
Name of Provider or Supplier Fort Worth Dermatology Associates	Street Address, City, State 1200 W Rosedale, Fort Worth, 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	The laboratory was surveyed and found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, and recertification is recommended.
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Based on review of patient testing logs and interview, the laboratory failed to document their testing records for frozen section biopsies for dermatopathology interpretations for two of two years reviewed. Findings follow. A. The log for frozen section biopsies was requested on June 28, 2023 at 1430 hours but not provided. B. Interview with the Laboratory Director on June 28, 2023 at 1430 hours confirmed they had a Mohs log, but not a log for frozen section biopsies. He estimated he performed fewer than ten per year.</p>
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5)</p>

Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.

This STANDARD is not met as evidenced by:

Based on review of the laboratory's policy and procedure, Mohs maps, and interview, the laboratory failed to include the key on the Mohs map for the symbols indicating the marking dyes on the sections used on ten of ten Mohs maps reviewed over 18 months. Findings follow. A. Review of the laboratory's Policies and Procedures For Mohs Lab binder included a page for Tissue Colors for Sectioning and was a guide to the marker dyes and showed a solid line _____ designated RED dye, the dash line designated BLUE dye, the - - - - - symbol designated GREEN dye, and the ooooo symbol designated black dye. B. Random review of ten Mohs maps from 05/18/23 - 10/28/21 showed symbols for the marking dyes used, but there was no key on the map to show what colors the symbols were, as listed by date of service and accession number: Date of Service Mohs case # 1. 05/18/23 400-23 2. 03/28/23 255-23 3. 02/20/23 144-23 4. 12/12/22 994-22 5. 09/15/22 734-22 6. 07/19/22 548-22 7. 04/19/22 329-22 8. 03/02/22 183-22 9. 12/20/21 989-21 10. 10/28/21 844-21 C. Interview with the Laboratory Director on June 28, 2023 at 1540 hours confirmed the he used symbols on the Mohs map, and there was no key on the map for the symbols used.