

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0988160	(X3) Date Survey Completed 09/05/2025
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	An announced routine recertification survey of the laboratory was completed on 09/05/2025. The laboratory was found in compliance with applicable CLIA regulations (42 CFR Part 493, Requirements for Laboratories) for the specialties/subspecialties for which it was surveyed. Standard level deficiencies were cited.
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient final reports, surveyor direct observation, and interview, the laboratory failed to establish its own policy for positive patient identification to ensure optimum integrity of patient samples from collection to reporting of results for six of six patients randomly reviewed in April 2025. Findings include: 1. Review of patient final reports determined the following patients had Mohs testing performed: a. ID: 36209 DOB: 08/27/1942 Date: 04/29/2025 b. ID: 36225 DOB: 12/30/1972 Date: 04/29/2025 c. ID: 36102 DOB: 08/15/1955 Date: 04/29/2025 d. ID: 20345 DOB: 10/24/1938 Date: 04/29/2025 f. ID: 36238 DOB: 02/10/1948 Date: 04/29/2025 e. ID: 09032 DOB: 10/27/1965 Date: 04/30/2025 2. On 09/05/2025 at 1400 hours, the surveyor observed patient Mohs slides that were provided with the patient final reports, handwritten with the following information (see patient alias list): Last name, first initial Date of service Mohs stage(s) 3. On 09/05/2025 at 1416 hours, the surveyor asked the laboratory for the laboratory's policy for positive patient identification to ensure optimum integrity of patient samples from collection to reporting of results for six of six patients randomly reviewed in April 2025. On 09/05/2025 at 1417 hours, the Laboratory Director (as listed on the CMS-209 form) stated a</p>

policy has been in use for positive patient identification in the past, but "may have been misplaced when moving to the new location." The Laboratory Director confirmed the laboratory did not have a policy for positive patient identification during an interview on 09/05/2025 at 1420 hours in the laboratory. Key: DOB - Date of Birth CMS - Centers for Medicare and Medicaid Services