

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D0997959	<b>(X3) Date Survey Completed</b>  10/14/2020
<b>Name of Provider or Supplier</b>  Hill Country Dermatology	<b>Street Address, City, State</b>  2967 Oak Run Pkwy, Ste 210, New Braunfels, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	<p>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.</p>
<b>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's records and staff interview, it was revealed the laboratory failed to have documentation twice annual accuracy assessments for KOH preparations in 2018 and 2019. The findings were: 1. A review of the laboratory's records revealed the facility failed to have documentation of performing twice annual accuracy assessments for KOH preps in 2018 and 2019. 2. The laboratory was asked to provide documentation of performing the assessments. No documentation was provided. 3. An interview with the medical assistant on 10/14/2020 at 0938 hours in the medical assistant area revealed the facility did not perform the required assessments. This confirmed the findings.</p>