| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 45D0999860 | 06/17/2026 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Susan E Dozier Md Pa | 8240 North Mopac Expressway Suite 355, Austin, 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 |
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| **D0000** | The Susan E. Dozier MD PA laboratory was found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, CLIA requirements for laboratories as a result of a recertification survey on 06/17/2026 and recertification is recommended. Standard level deficiencies were cited. |
| **D5209** | PERSONNEL COMPETENCY ASSESSMENT POLICIES<br>CFR(s): 493.1235<br><br>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of the laboratory's policies and procedures, competency records, pre-survey paperwork, and interview, the laboratory failed to ensure the competency of one of one technical supervisors (TS) and one of one clinical consultants (CC) (not including the laboratory director who was also a TS and CC) performing Mohs testing. Findings follow. A. Review of the Quality Assurance Manual under Personnel Assessment stated, "If the laboratory has any employees, the Laboratory Director will use personal observations to perform an ongoing evaluation of all employees of the laboratory to ensure competence in job performance." B. Review of competency evaluations revealed no competency evaluations were performed for positions of TS and CC in Mohs testing. C. Review of the pre-survey paperwork, showed TS/CC #2, as listed on the CMS form 209, began Mohs testing at the facility on 10/06/2022. D. Interview with the histotechnologist on July 17, 2026 at 1420 hours in the laboratory confirmed the findings. |
| **D5217** | EVALUATION OF PROFICIENCY TESTING PERFORMANCE<br>CFR(s): 493.1236(c)(1) |

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| | 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.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of the laboratory's policies and procedures, accuracy assessments, pre-survey paperwork, and interview, the laboratory failed to provide documentation of twice a year accuracy assessments of Mohs testing for one of two years reviewed in 2024 and 2025. Findings follow. A. Review of the laboratory's policy and procedure titled Quality Assurance Manual, under Comparison of Test Results stated, "... Any test performed in the laboratory for which proficiency testing is not available will be verified at least twice a year, and the results will be reviewed by the Laboratory Director." B. Review of the accuracy assessments from 2024 and 2025 showed one accuracy assessment in 2024. C. A second set of accuracy assessments for 2024 was requested on June 17, 2026 at 1425 hours but not provided. D. Review of the CMS Form 116 showed an estimated annual volume of 2044 blocks. E. Interview with the histotechnologist on June 17, 2026 at 1425 hours in the laboratory confirmed the findings. |
| **D5433** | MAINTENANCE AND FUNCTION CHECKS<br>CFR(s): 493.1254(b)(1)<br><br>(b)(1)(i) Establish a maintenance protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(1)(ii) Perform and document the maintenance activities specified in paragraph b(1)(i) of this section.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of the manufacturer instructions, laboratory's policies and procedures, preventive maintenance records, and interview, the laboratory failed to establish and follow a preventive maintenance protocol to ensure the performance of the Olympus microscope for one of two years reviewed in 2024 and 2025. Findings follow. A. Review of the Olympus BX40 Instructions did not define the frequency of preventive maintenance. B. Review of the laboratory's policy and procedure titled Quality Control Manual at Equipment Maintenance stated, "The Laboratory Director will ensure that periodic equipment maintenance and function checks are performed as required by the manufacturer or determined by the Laboratory Director. Proper records will be maintained to indicate the tests performed." The policy and procedure did not address the frequency of the preventive maintenance of the microscope. C. Review of the preventive maintenance records for 2024 and 2025 showed no preventive maintenance on the Olympus microscope for 2025. Preventive maintenance records for 2025 were requested on July 17, 2026 at 1430 hours but not provided. D. Interview with the histotechnologist on July 17, 2026 at 1430 hours confirmed preventive maintenance records for the microscope for 2025 were not available and there was no procedure defining the frequency of preventive maintenance. |