

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D1021286	(X3) Date Survey Completed 07/10/2025
Name of Provider or Supplier Us Dermatology Partners Georgetown	Street Address, City, State 700 San Gabriel Village Blvd, Ste 105, Georgetown, 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. Standard level deficiency was cited.
D5217	<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 accuracy assessments, patient testing logs, and interview, the laboratory failed to perform twice a year accuracy assessments of its Frozen sections for the diagnostic interpretations (diagnosis) for 19 of 19 months reviewed. Findings follow. A. Accuracy assessments for the diagnostic interpretations of Frozen sections were requested on July 10, 2025 at 1050 hours but not provided. B. Review of the frozen section patient log showed from 10/10/2023 - 05/19/2025 (elapsed time 19 months) there were 10 cases/patients reported. C. Interview with the histotech on July 10, 2025 at 1050 hours in the laboratory confirmed accuracy assessments for Frozen sections were not performed.</p>