

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D1088909	(X3) Date Survey Completed 09/02/2026
Name of Provider or Supplier Tru-Skin Dermatology	Street Address, City, State 2 St Marks Place Suite 140, La Grange, 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 Tru-Skin Dermatology - La Grange 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 09/02/2026 and recertification is recommended. Standard level deficiencies were cited.
D6107	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(15) (e)(15) Specify, in writing, the responsibilities and duties of each consultant and each supervisor, as well as each person engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or result reporting and whether supervisory or director review is required prior to reporting patient test results. This STANDARD is not met as evidenced by: Based on review of laboratory records and interview, the laboratory director failed to specify in writing the responsibilities and duties for one of one technical supervisor, one of one clinical consultant, one of one general supervisor, and one of one testing personnel in the Mohs laboratory. Findings follow. A. Review of laboratory records found no written delegation of responsibilities and duties for technical supervisor #1, clinical consultant #1, general supervisor #1, and testing personnel #1 (as listed on the CMS form 209). B. Interview with the Regional Director of Operations on September 2, 2026 at 1155 hours confirmed there were no job descriptions/ duties and responsibilities for the positions of technical supervisor, clinical consultant, general supervisor, and testing personnel.
D6127	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)

(b)(9) Evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on review of the laboratory's policy and procedure, pre-survey paperwork, competency evaluations, and interview, the technical supervisor failed to evaluate the competency at least semiannually during the first year the individual tested patient specimens for one of one testing personnel/Mohs surgeon performing diagnostic interpretations in Mohs. Findings follow. A. Review of the laboratory's policy and procedure titled Competency Assessment Protocol, approved 11/20/2024, stated, "Annual Competency Assessment must be performed by the lab director on individuals responsible for high complexity testing. The histotechnician will add reminder dates for the completion of the assessment to be done annually. The manager will monitor to ensure this is done annually. For new employees, there will be 2 competency assessments during the 1st year." B. Review of the pre-survey paperwork titled Laboratory Personnel showed testing personnel #1 (as listed on the CMS form 209) was hired 08/2025 (elapsed time one year). C. One additional semi-annual competency evaluation for testing personnel #1 was requested on September 2, 2026 at 1040 hours but not provided. D. Interview with the Regional Director of Operations on September 2, 2026 at 1040 hours confirmed only one competency evaluation was performed in the first year of testing.