

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D1088945	(X3) Date Survey Completed 10/23/2019
Name of Provider or Supplier Spring Dermatology	Street Address, City, State 20311 Kukendahl Rd, Spring, 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	Noted deficiencies and plans of correction were discussed with the laboratory representative(s) at the exit conference. The facility representative(s) were 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.
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 the laboratory records and confirmed in an interview, the laboratory failed to document at least twice annually the accuracy of 1 of 1 tests in 2018. (Mohs) Findings were: 1. A review of laboratory testing records from 2018 revealed no documentation of the laboratory verifying the accuracy for the Mohs test for 2018. 2. An interview with moh's tech on 10/23/19 at 0950 hours in the laboratory confirmed the above findings.</p>
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.</p>

This STANDARD is not met as evidenced by:

Based on review of the laboratory policies, laboratory records, and confirmed in interview, the laboratory failed to follow its laboratory policy for quality assessment in the analytic systems. Findings were: 1. Review of the laboratory policy Quality Assessment Manual under Quality Control Assessment "the laboratory director reviews all quality control charts and logs on at least a monthly basis." 2. Review of the laboratory records from 2018 and 2019 revealed no documentation of the monthly review per the laboratory policy. 3. An interview with the moh's tech on 10/23/19 at 1040 hours in the nurse's station confirmed the above findings.