

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D1088945	(X3) Date Survey Completed 12/17/2021
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. 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.
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 a review of the laboratory's accuracy assessment records from 2020 and staff interview, it was revealed that the laboratory failed to have documentation of performing two of two twice annual accuracy assessments for Mohs slide interpretations in 2020. Findings include: 1. A review of the laboratory's accuracy assessment records revealed the laboratory failed to have documentation of verifying the accuracy of the Mohs slide interpretations at least twice annually in 2020. 2. An interview with the Mohs histology tech on 12/17/21 at 10:25 a.m. in the break room, after review of the records, confirmed the above findings.</p>
D5473	CONTROL PROCEDURES

CFR(s): 493.1256(e)(2)(g)

(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed.

This STANDARD is not met as evidenced by:

Based on a review of laboratory's policies, the laboratory's H&E and QC Stain logs from January 2020 to December 2021, a review of patient test records, and staff interview, it was revealed that the laboratory failed to document the adequacy of the Hematoxylin & Eosin (H&E) stain for Mohs histopathology slides each day of use for five of eighty one days reviewed from January 2020 to December 2021. Findings: 1. A review of the laboratory's policy titled 'Mohs Laboratory Procedure Manual Histopathology- Mohs Surgery' revealed the following: "Staining of tissue will be performed and modified as needed to provide excellent microscopic slides for examination. Quality control is performed for the adequacy of staining. A daily control slide for H&E stain is documented representing stain quality for each date of use." 2. A review of the H&E and QC Slide logs from January 2020 to December 2021 revealed a column for the pathologist to place a check mark in, indicating the H&E stain of the QC slide was 'good' and adequate for patient use. 3. Further review of the laboratory's H&E and QC Slide logs from January 2020 to December 2021 revealed no documentation of the pathologist's check mark for the H&E stain on the following 5 days: 3/6/20 3/20/20 12/3/21 12/10/21 12/17/21 4. A review of patient test records revealed the following patients were tested on days when the H&E stain was not documented as 'good': Date: 3/6/20 Patient: TF20-5089, TF20-5090, TF20-5091, TF20-5092, TF20-5093, TF20-5094, TF20-5095, TF20-5096, TF20-5097, TF20-5098, TF20-5099, TF20-5100, TF20-5101 Date: 3/20/20 Patient: TF20-5102, TF20-5103, TF20-5104, TF20-5105 Date: 12/3/21 Patient: TF21-5321, TF21-5322, TF21-5323, TF21-5324, TF21-5325, TF21-5326, TF21-5327, TF21-5328, TF21-5329 Date: 12/10/21 Patient: TF21-5330, TF21-5331, TF21-5332, TF21-5333, TF21-5334, TF21-5335, TF21-5336, TF21-5337, TF21-5338, TF21-5339 Date: 12/17/21 Patient: TF21-5340, TF21-5341 5. An interview with the Mohs histology tech on 12/17/21 at 10:25 a. m. in the break room, after review of the records, confirmed the above findings.