Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D1106549	12/13/2018
Name of Provider or Supplier	**Street Address, City, State**	
Complete Dermatology	7616 Branford Pl, Ste 240, Sugar Land, 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
D5893	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(b)(c) (b) The postanalytic systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of postanalytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all postanalytic systems quality assessment activities. This STANDARD is not met as evidenced by: Based on review of laboratory policy, review of quality assurance reports, and confirmed in interview of facility personnel, the laboratory's quality assurance program failed to identify and correct errors in its post analytic systems. The findings were: 1. Review of the laboratory's quality assurance policy signed by the laboratory director on June 12, 2013 stated, "The clinic has defined a series of Quality Assurance (QA) indictors which will be monitored at prescribed intervals. These indicators are designed to evaluate aspects of testing that relates to patient care. When an incident relating to QA Indicator is detected, the details will be documented on a QA Occurrence Report. Most problems will be resolved immediately, but those which require further study or are repetitive, will be referred to the Director of Quality Improvement (QI) who will meet with the Technical Consultant (TC) and make recommendations." 2. Random review of quality assurance reports from 2016, 2017, and 2018 revealed a "Quality Assurance Occurrence Report" dated June 28, 2018. It revealed the Indicator identified was, "2. Transcription Problem." 3. Further review of the report stated, "A patient with an SCC R cheek arrived for surgery and notified us the surgical site was on the left cheek instead. Based on the photo and physician identification, it was true the site was identified in the L cheek. The error was determined to be on the path report provided by the pathologist. Pathology office was notified and the transcription error was amended." 4. The patient's chart was requested in order to review the reconciled reports. Because the "Quality Assurance Occurrence

	Report" did not contain any identifying patient information, the laboratory could retrieve the patient file. 5. In an interview with the practice manager on December 13, 2018 at 10:40 hours in the break room, she confirmed that the report did not have any identifying information and that the file could not be retrieved because they could not determine which patient it was. Key: SCC - Squamous Cell Carcinoma R - right L - left