

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2074576	(X3) Date Survey Completed 02/06/2020
Name of Provider or Supplier Houston Skin Cancer Associates Pllc	Street Address, City, State 20320 Nw Freeway Suite 700, Jersey Village, 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 polices, a review of the laboratory's Biannual Slide Review records from 2018 and 2019, and staff interview, it was revealed the laboratory failed to have documentation of verifying the accuracy of Mohs slides at least twice annually in 2018 (only one accuracy assessment was done in 2018). Findings include: 1. A review of the laboratory's policy titled 'Mohs Lab Biannual Slide Review' revealed the following: "Procedure: Four Mohs cases are randomly selected to be pulled and reviewed by an outside Dermatopathologist. Frequency: Biannually; each calendar year. January and July are the designated months. Exceptions can be made if circumstances require it." 2. A review of the Biannual Slide Review records for 2018 revealed the following dates when an accuracy</p>

assessment was performed for Mohs slides: 7/11/18 3. The laboratory was missing the documentation of a second accuracy assessment being performed in 2018. 4. An interview with the histotech on 2/6/20 at 9:50 a.m. in the laboratory, after review of the records, confirmed the above findings. NOTE: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON 5/25/2018