Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2082207	12/02/2020
Name of Provider or Supplier	**Street Address, City, State**	
Mcguiness Dermatology Center Of Flower Mound	4471 Long Prairie Road Suite 100, Flower Mound, 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 Practice Manager was at the entrance conference conducted 12/02/2020. The survey process was discussed. An opportunity for questions and comments was given. The exit conference was held with the Practice Manager on 12/02/2020. The laboratory was found to be in substantial compliance for the specialties/subspecialties for which it was surveyed. The standard level deficiencies cited were discussed. The process for submitting the corrections was explained. CMS form 2567 will be emailed from the Texas State Health and Human Services Commission, Health Facility Compliance Arlington Group.
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on staff interview and review of the laboratory records from 2019 and 2020, it was revealed the laboratory failed to have documentation of performing twice annual accuracy assessments for histopathology slide interpretations for 2019 and 2020. Findings: 1. In an interview on 12/02/2020 at 09:45 hours in the breakroom, the facility Practice Manager explained that the laboratory did NOT perform any sort of specimen processing or staining. Patient specimens were submitted to a reference laboratory for processing, staining, and evaluation. Results were digitally transmitted back to the facility. These results included a diagnosis and a digital image of the prepared slide. The facility laboratory director reviewed the digital image of the slide. 2. Review of laboratory records from 2019 and 2020 revealed the laboratory failed to have documentation of performing twice annual accuracy assessments for

	histopathology slide interpretations. The laboratory was asked to provide documentation of twice annual accuracy assessment. No documentation was provided. This confirmed the findings.