

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2095666	(X3) Date Survey Completed 09/29/2026
Name of Provider or Supplier Us Dermatology Partners	Street Address, City, State 300 Richland West Circle, Suite 2c, Waco, 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 US Dermatology Partners laboratory in Waco was found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, CLIA requirements for laboratories as a result of a recertification survey on 09/29 /2026 and recertification is recommended. Standard level deficiencies were cited.
D3031	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3) Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. In addition, retain the following: This STANDARD is not met as evidenced by: Based on a review of the laboratory's policy and procedure, reagent logs, interview, and pre-survey paperwork, the laboratory failed to retain the lot numbers, open dates, and expiration dates for the chemicals and stains used in the laboratory for its Hematoxylin and Eosin stain used in Mohs testing for 10 out of 15 months reviewed from 02/01/2025 - 06/30/2026. Findings follow. A. Review of the laboratory policy and procedure titled Quality Assessment Manual, revised 01/08/2019, under Reagent Expiration Date stated, "Reagents, solutions, calibration materials, and other supplies are not used when they have exceeded their expiration dates, have deteriorated or are of substandard quality." B. Review of the reagent log from 02/01/2025 - 06/30/2026 showed missing lot numbers, open and expiration dates of the following chemicals and stains over a period of 10 months: Entry date chemical/stain Lot# Missing dates 1. 02/21/2025 100% alcohol not documented expiration date 2. 04/18/2025 95% alcohol 2500704 expiration date 3. 04/25/2025 100% alcohol not documented expiration date 4. 05/09/2025 95% alcohol not documented expiration date 5. 06/13/2025 Eosin not documented expiration date 6. 06/13/2025 100% alcohol not documented expiration date 7. 07/11/2025 95% alcohol not documented expiration date 8. 07/11/2025 100%

	alcohol not documented expiration date 9. 08/18/2025 Eosin not documented expiration date 10. 08/18/2025 95% alcohol not documented 11. 10/17/2025 95% alcohol not documented expiration date 12. 12/08/2025 Eosin not documented expiration date 13. 02/16/2026 95% alcohol not documented expiration date 14. 02/16/2026 Bluing not documented open date & expiration date 15. 02/23/2026 95% alcohol not documented expiration date 16. 05/01/2026 Eosin 45060284 open date 17. 05/15/2026 95% alcohol not documented expiration date 18. 05/19/2026 100% alcohol not documented expiration date C. Interview with the histotech on September 29, 2026 at 1410 hours in the breakroom confirmed the findings and acknowledged they were taking the information off the packing slips instead of the bottle and some information was not provided on the packing slips. D. Review of the CMS Form 116 showed the estimated annual testing volume was 1,938 blocks.
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) (d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on review of the laboratory policies and procedures and interview, the laboratory director failed to sign and date one of one laboratory policies and procedures prior to use. Findings follow. A. Review of the laboratory policy and procedure titled Quality Assessment Manual, revised 01/08/2019, was not signed by the Laboratory Director. B. Interview with the Practice Administrator on September 29, 2026 at 1430 hours in the breakroom confirmed the findings.