

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2096456	(X3) Date Survey Completed 08/26/2021
Name of Provider or Supplier Us Dermatology Partners	Street Address, City, State 2801 S Hulen Street, Suite 400, Fort Worth, 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	<p>Laboratory representatives were present at the entrance conference. The survey process was discussed. An opportunity for questions and comments was given. The exit conference was held with the laboratory representatives. 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 Health and Human Services Commission, Health Facility Compliance Arlington Group. 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.</p>
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: I. Based on review of laboratory policies, Centers for Medicare and Medicaid Services (CMS)-116 form, laboratory records and confirmed by staff interview, the laboratory failed to verify the accuracy of non-regulated procedures at least twice annually for 2 of 2 testing events in 2020. Findings included: 1. Review of the laboratory policy "Proficiency Testing Quality Assurance" revealed: "Proficiency Testing: Dr. XX or Dr. XX, Board Certified Dermatopathologists, will do the proficiency testing for Dr. XX. Dr. XX will do proficiency testing for all other providers. Proficiency testing is done Bi-Annually (January and July). One case per physician twice a year (two cases</p>

total each year)." 2. Review of the CMS-116 form submitted at survey by the laboratory revealed the laboratory performed KOH, scabies and histopathology (MOHs) procedures. 3. Review of the laboratory's proficiency testing records for 2020 revealed the laboratory failed to verify the accuracy of KOH and scabies procedures at least twice annually for 2 of 2 testing events in 2020 and failed to verify the accuracy of histopathology (MOHs) procedures for 1 of 2 events in 2020. 4. During an interview on 08/26/2021 at 10:00 am, the Regional Clinic Manager was asked for documentation of twice annual accuracy for KOH, scabies and histopathology procedures for 2020. The Regional Clinic Manager stated that there were no twice annual accuracy assessments for 2020 for KOH and scabies procedures. She also stated that there was only one event for histopathology (MOHs) in 2020. This confirmed the above findings. II. Based on review of laboratory policy, the laboratory's twice annual accuracy assessments for Mohs testing, and confirmed in staff interview, the laboratory failed to have documentation of evaluating the results of the peer reviews to determine accuracy for 1 of 1 events in 2020 and 1 of 1 events in 2020. Findings: 1. Review of the laboratory policy "Proficiency Testing Quality Assurance" revealed: "Procedure ... 5. Reviewer will fill out the proficiency testing form and give back to the laboratory manager, and if there are any problems the laboratory manager will let the laboratory director know and what type of correction needs to be taken if any." 2. Review of the laboratory's twice annual accuracy assessment for 2020 and 2021 revealed the following: 11/06/2020 Mohs Case Number: M20-432 Stain Thickness: Adequate Stain Quality: Adequate Complete Skin Edges: Adequate Inked Margins: Adequate Margins: Clear Presenter and Map: Agree Mohs Case Number: M20-785 Stain Thickness: Adequate Stain Quality: Adequate Complete Skin Edges: Adequate Inked Margins: Adequate Margins: Clear Presenter and Map: Agree The proficiency testing forms were signed by the peer reviewer. There was no documentation of the results from the peer reviewer being evaluated by the Mohs surgeon for accuracy. 05/01/2021 Mohs Case Number: M21-248 Stain Thickness: Adequate Stain Quality: Adequate Complete Skin Edges: Adequate Inked Margins: Adequate Margins: Clear Presenter and Map: Agree The proficiency testing form was signed by the peer reviewer. There was no documentation of the results from the peer reviewer being evaluated by the Mohs surgeon for accuracy. The laboratory failed to have documentation of evaluating the results of the peer reviews to determine accuracy for the above-mentioned testing events. 3. During an interview on 08/26/2021 at 9:50 am, the Regional Clinic Manager confirmed the above findings.