

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2106524	<b>(X3) Date Survey Completed</b>  02/20/2019
<b>Name of Provider or Supplier</b>  Dermatology Specialist Of San Antonio	<b>Street Address, City, State</b>  1905 Highway 97e, Steinle Building Suite 110, Jourdanton, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	<p>Noted deficiencies and plans of correction were discussed with the laboratory representative at the entrance and exit conferences. The facility representative was 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.</p>
<b>D5217</b>	<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 review of laboratory's records and staff interview, it was revealed the laboratory failed to have documentation of performing two accuracy assessments for H&amp;E stains in 2017 and 2018. The findings were: 1. A review of the laboratory's records from 2017 and 2018 revealed the laboratory had documentation of performing accuracy assessments for H&amp;E stains on the following times: a) May 2017 b) December 2018 The records did not contain documentation of a second assessment for 2017 or 2018. 2. The laboratory was asked to provide documentation of performing a second accuracy assessment for H&amp;E staining in 2017 and 2018. No documentation was provided. 3. An interview with the owner on 02/20/2019 at 10:15</p>

hours in the office revealed the laboratory had only performed one assessment in 2017 and 2018. This confirmed the findings.