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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>45D2117267 | <b>(X3) Date Survey Completed</b><br><br>09/23/2020 |
| <b>Name of Provider or Supplier</b><br><br>Dallas Associated Dermatologists, Pllc  | <b>Street Address, City, State</b><br><br>1604 Cliffview Drive, Plano, 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>   |
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| <b>D0000</b>              | An entrance conference was conducted at the Dallas Associated Dermatologist on 9/23 /2020, In attendance was .the Laboratory Director. The survey process was explained to all present. An opportunity for questions and comments was given to all present. The laboratory was survey for compliance with CMS - 2226-F: 42 CFR 493 Medicare, Medicaid, and CLIA Programs; Laboratory Requirements Relating to Quality Systems and Certain Personnel Qualifications; Final Rule on January 24, 2003, with an effective date of April 24, 2003. An exit conference was conducted on 09/23/2020 In attendance was the Laboratory Director No deficiencies were cited. The Laboratory Director was provided with a copy of instructions for writing acceptable plans of correction. A copy of CMS-2567 was subsequently emailed to the facility. |