Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2127353	04/18/2025
Name of Provider or Supplier	**Street Address, City, State**	
Heights Dermatology-Beaumont	3485 Fannin Street, Beaumont, 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 laboratory was found to be in compliance with 42 CFR Part 493, Requirements for Laboratories as a result of a recertification survey completed on April 18, 2025.
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e)(2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. This STANDARD is not met as evidenced by: Based on review of laboratory policy, laboratory quality control (QC) documentation, patient test records, and confirmed in interview, the laboratory failed to ensure the Hematoxylin and Eosin (H&E) staining materials used in histopathology was acceptable for 45 of 45 patients on days where the QC slide was determined to be unacceptable, for records reviewed from January 2024 through January 2025. The findings included: 1. Review of the laboratory policy titled "Mohs Surgery Procedure Manual" , section "Quality Control" included the following statement: "A control slide will be made and evaluated each day that a frozen section is prepared, and a record of that control slide will be maintained." 2. Review of the laboratory prepared form titled the "Control Slides" included the following information for slide assessment: "A = Acceptable N= Not Acceptable Month_____ Date Quality (A/N) Corrective action" 3. Review of the "Control Slides" form included the following four days, and 45 patients stained for histopathology interpretation, where the control slide was documented as " N " (not acceptable) with no documentation of an acceptable quality control slide: Date - Quality (A/N); Corrective action 1/19/2024 - N: "More hematox" The following 14 patients included slides stained on 1/19/2024 without acceptable control documentation by the laboratory: 23-295 24-01 24-02 24-03 24-04 24-05 24-06 24-07 24-08 24-09 24-10 24-11 24-12 24-13 Date - Quality (A/N); Corrective action 5/17/2024 - N: "More acetic acid" The following 10 patients

	included slides stained on 05/17/2024 without acceptable control documentation by the laboratory: 24-42 24-43 24-44 24-45 24-46 24-47 24-48 24-49 24-50 24-51 Date - Quality (A/N); Corrective action 7/12/2024 - N: "Change stains, no differentiation" The following 13 patients included slides stained on 07/12/2024 without acceptable control documentation by the laboratory: 24-52 24-53 24-54 24-55 24-56 24-57 24-58 24-59 24-60 24-61 24-62 24-63 24-64 Date - Quality (A/N); Corrective action 1/17 /2025 - N: "Faded colors, change stains." The following 8 patients included slides stained on 1/17/2025 without acceptable control documentation by the laboratory: 25 - 01 25 - 02 25 - 03 25 - 04 25 - 05 25 - 06 25 - 07 25 - 08 4. In an interview on 4/18 /2025 at 10:30 hours, in the laboratory, the laboratory representative confirmed that the laboratory had failed to document an acceptable quality control slide on the above days when patient staining a slide interpretation had occurred.