| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number**<br><br>45D2130142 | **(X3) Date Survey Completed**<br><br>02/08/2021 |
|---|---|---|
| **Name of Provider or Supplier**<br><br>Cutis Wellness Dermatology And Dermatopathology | **Street Address, City, State**<br><br>1601 Jacaman Road, Suite 101, Laredo, 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** | 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. |
| **D5217** | EVALUATION OF PROFICIENCY TESTING PERFORMANCE<br>CFR(s): 493.1236(c)(1)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of the laboratory's records and staff interview, it was revealed the laboratory failed to have documentation of performing accuracy assessment for histology slides twice in 2019 and 2020. The findings were: 1. A review of the laboratory's records revealed the laboratory performed accuracy assessments of histology slides the following times: May 2019 February 2020 2. The laboratory was asked to provide documentation of performing a second assessment in 2019 and 2020. No documentation was provided. 3. An interview with the laboratory director on 02/08 /2021 at 130 hours in the exam room confirmed the findings. NOTE: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED 08/14/2018 |