Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2141488	(X3) Date Survey Completed 10/24/2023
Name of Provider or Supplier Elite Dermatology Pllc	**Street Address, City, State** 27131 Fulshear Bend Dr, Fulshear, 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(s) at the exit conference. The facility was found to be in compliance with applicable Conditions in the CLIA program, and recertification is recommended.
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on the review of the laboratory's CMS 209 Laboratory Personnel Report, the laboratory's personnel records, and confirmed in an interview, the laboratory failed to have documentation of competency assessment for one of one CC, one of one TS, and one of one GS. The findings were: 1. Review of the laboratory's CMS 209 Laboratory Personnel Report, signed by the laboratory director on 10/23/2023, revealed the laboratory identified one CC, one TS, and one GS. 2. Further review of the laboratory's CMS 209 Laboratory Personnel Report revealed the laboratory assigned the same personnel for CC, TS, and GS positions. 3. Review of the laboratory's personnel records revealed the laboratory failed to have documentation of competency assessment for one of one CC, one of one TS, and one of one GS. CC/TS/GS Hired Date: 9/24/2022 4. An interview with COO (Chief Operation Officer) on 10/24/23 at 10:20 am in the lab confirmed the above findings. Key: CMS=Center of Medicare and Medicaid Services CC=Clinical consultant TS=Technical supervisor GS=General Supervisor