Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2146235	04/24/2023
Name of Provider or Supplier	**Street Address, City, State**	
Southeast Texas Dermatology	8525 9th Ave, Port Arthur, 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
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e) For reagent, media, and supply checks, the laboratory must do the following: (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. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on review of policies and procedures, quality control records, patient test records, and interview of facility personnel, the laboratory failed to document the negative and positive reactivity of quality control slides for Hematoxylin and Eosin (H and E) staining on 10 of 10 days patient testing was done between September 7, 2022 and March 18, 2023. The findings included: 1. Review of the policy titled QUALITY ASSURANCE FOR ROUTINE STAINS found: "A quality control slide will be run each day the lab operates. The QC (quality control) slide will be for Hematoxylin and Eosin or Toluidine blue. Whichever is used in the lab. The QC for the H&E will be of normal skin, have a crisp blue nuclei and counter stain with light pink cytoplasm. The T-blue will again be with normal skin, crisp blue nuclei and light blue to purple counter stain. The lab director will determine whether the stain is acceptable for the day. Each QC will be logged on the stain QC chart." 2. Based on review of H and E stain quality control logs between September 7, 2022 and March 18, 2023 the laboratory failed to document the stain reactivity on 10 of 10 days patient specimens were tested between September 7, 2022 and March 18, 2023. 2. Based on review of 10 of 67 patient test records between September 7, 2022 and March 18, 2023, The laboratory did not document assessment of stain acceptability or positive and negative reactivity, in 10 of 10 cases. 3. During interview of the Mohs Technician conducted April 25, 2023 at 2:09 PM she confirmed the physicians do not document, quality or acceptability of staining on the quality control logs.