

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D2146235	<b>(X3) Date Survey Completed</b> 03/25/2025
<b>Name of Provider or Supplier</b> Southeast Texas Dermatology	<b>Street Address, City, State</b> 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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	The laboratory was found to be in compliance with 42 CFR Part 493, Requirements for Laboratories as a result of a recertification survey on March 25, 2025.
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> CFR(s): 493.1236(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory procedures, laboratory documentation, and confirmed in interview the laboratory failed to participate in twice annual accuracy assessment for two of two high complexity laboratory tests performed, MOHS surgical grossing and slide interpretation, for records reviewed in 2023 and 2024. The findings included: 1. Review of the laboratory procedure titled "Proficiency Testing" included the following instructions: "Semi-annually, the tech or Risk Manager will send two cases containing the original slides, label it with only the surgical case number, and send it our [sic] for a microscopic examination by a Board Certified Dermatopathologist ... Upon receipt of the pathology report from the Dermatopathologist, diagnosis of the slide specimen will be matched to the in-house diagnosis by the physician ... Results of each Proficiency Test will be entered in a log and kept in the laboratory management manual, as part of its permanent records." 2. Surveyor asked for documentation that a twice annual accuracy assessment for MOHS surgical grossing and slide interpretation, and none could be provided. 3. In an interview on 3/25/2025 at 13:02, over the phone and in the presence of the office manager in the laboratory, the laboratory director confirmed the laboratory had not participated in a twice annual accuracy assessment for testing performed in the laboratory in 2023 and 2024.</p>