Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2163132	12/09/2020
Name of Provider or Supplier	**Street Address, City, State**	
South Tx Skin Cancer Center - Ah	2632 Broadway, Ste 300, San Antonio, 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 deficiency 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 deficiency, 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.
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. (f) The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on review of the laboratory's procedures, review of the laboratory's slide quality control records from June 2020 to October 2020 (as of the day of the survey), review of patient test records and staff interview, it was revealed the laboratory failed to have documentation of evaluating stain quality for 2 of 11 days of testing. The findings were: 1. Review of the laboratory's quality assurance procedure under the section titled "8.0 Quality Control" revealed: "A quality control slide will be the first slide of

	the day produced. The quality control slide will be reviewed by the Mohs surgeon and the Quality Control Slide Log will be annotated." 2. A review of the laboratory's Quality Control Slide Log from October 2020 revealed the laboratory failed to have documentation of the acceptability of stain quality for 3 of 13 test days. The days without the required documentation were: October 14, 2020 October 27, 2020 October 30, 2020 3. A review of patient test records revealed the following number patients tested on the identified days: a) October 14, 2020 3 patients Accession numbers 653 - 655 b) October 27, 2020 7 patients Accession numbers 681 - 687 c) October 30, 2020 6 patients Accession numbers 689 - 694 4. An interview with Mohs histotech on December 9, 2020 at 0950 hours in the break room - after his review of the records- confirmed the finding.