

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2171402	<b>(X3) Date Survey Completed</b>  08/21/2025
<b>Name of Provider or Supplier</b>  Legacy Dermatology, PLLC	<b>Street Address, City, State</b>  3140 Legacy Dr Suite 620, Frisco, 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 substantial compliance with CLIA regulations 42 CFR Part 493. Standard level deficiency was cited.
<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 twice annual accuracy assessment documentation, and confirmed in interview, the laboratory failed to perform twice annual accuracy assessments in dermatopathology for two of two occurrences in 2024. Findings included: 1. Review of laboratory twice annual accuracy documentation in 2024, revealed the laboratory failed to perform twice annual accuracy assessments in dermatopathology for two of two occurrences needed in 2024. The laboratory was asked to provide the two of two assessments performed in 2024, and none were provided. 2. In an interview on 08/21/2025 at 10:40 AM in the facility office, the facility manager confirmed the laboratory failed to perform twice annual accuracy assessments for two of two occurrences in 2024.</p>