Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2172119	05/19/2021
Name of Provider or Supplier	**Street Address, City, State**	
Premier Procedural Dermatology Pllc	1651 Rock Prairie Rd, Suite 103, College Station, 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
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on review of the laboratory records, policies and procedures quality assurance records from 2019 through 2021, patient test records for 2020 and 2021 and staff interview, it was revealed the laboratory failed to have documentation of performing twice annual accuracy assessment for Histopathology procedures in 2020. Findings included: 1. Review of the policy / procedure titled QUALITY ASSURANCE / QUALITY found: "every six months, microscope slides from two Mohs surgical cases will be chosen from the previous six months and sent out to an outside source for review for quality assurance and / or quality control. One Basal cell and one Squamous cell carcinoma case will be sent out." 2. A review of the laboratory's quality assurance notebook found two cases were sent out for accuracy assessment on August 4, 2020 and January 2021. . 3. Review of patient test records for biopsies performed in 2020 found the laboratory performed 18 biopsies, interpreting the results of the tissues onsite. 4. An interview with the Histotechnologist and the Laboratory director conducted on May 19, 2021 at 2:57 PM confirmed that the laboratory failed to assess the accuracy of Mohs surgical procedures at least twice in 2020; and did not assess the accuracy of results for the interpretation of biopsy results.