

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D2189532	<b>(X3) Date Survey Completed</b> 09/12/2025
<b>Name of Provider or Supplier</b> Bayou City Dermatology	<b>Street Address, City, State</b> 750 N Texas Ave, Webster, 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>	A recertified onsite survey was completed on 09/12/2025. Noted deficiencies and plans of correction were discussed with the laboratory representative(s) at the exit conference. The facility was found to be in compliance with applicable Conditions in the CLIA program, and recertification is recommended.
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on the review of the laboratory's CMS 209 Laboratory Personnel Report, the laboratory's records, personnel competency records, and confirmed in an interview, the laboratory failed to have documentation of competency assessment for 1 of 1 clinical consultants, 1 of 1 technical supervisor, and 1 of 1 general supervisor. The findings were: 1. Review of the laboratory's records reveal no policy available for personnel competency assessment. 2. Review of the laboratory's CMS 209 Laboratory Personnel Report, signed by the laboratory director on 09/08/2025, revealed the laboratory identified 1 clinical consultant, 1 technical supervisor and 1 general supervisors. 3. Review of the laboratory's personnel competency records revealed the laboratory failed to have documentation of competency assessment for 1 of 1 clinical consultants, 1 of 1 technical supervisor, and 1 of 1 general supervisor. Clinical consultant, technical supervisor, and general supervisor: Hired date: December, 2020 4. In an interview on 09/12/2025 at 12:10 pm in the lab, the practice administration confirmed the above findings. Key: CMS=Center of Medicare and Medicaid Services</p>
<b>D6127</b>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1451(b)(9)</p>

(b)(9) Evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on the review of the laboratory's CMS 209, the laboratory's personnel competency records, and confirmed in an interview, the technical supervisor failed to have documentation of testing personnel for the 1st year competency assessment for 1 of 3 testing personnel. The findings were: 1. Review of CMS 209 form Laboratory Personnel Report (CLIA), signed by the laboratory director on 09/08/2025, revealed the laboratory identified 3 testing personnel performing high complexity tests. 2. Review of the laboratory's personnel competency records revealed the technical supervisor failed to have documentation of 1st year competency assessment documentation for 1 of 3 testing personnel performing high complexity testing. Testing personnel #2 Hired date: 04/26/2023 3. An interview on 09/12/2025 at 11:45 am in the lab, the practice administration confirmed the above findings. Key: CMS=Center of Medicare and Medicaid Services