

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2190041	(X3) Date Survey Completed 03/17/2022
Name of Provider or Supplier Westlake Dermatology & Cosmetic Surgery	Street Address, City, State 5500 Broadway St, Suite R100, Alamo Heights, 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 deficiencies and plans of correction were discussed with the laboratory representatives at the entrance and exit conferences. The facility representatives were 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 certification 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.
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE 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 the laboratory's records, and staff interview, it was determined the laboratory failed to have documentation of performing twice annual accuracy assessment for MOHs slides in 2021. The findings include: 1. A review of the laboratory's records from 2021 revealed the laboratory performed 1 of 2 required accuracy assessments for MOHs slides in 2021. It was performed in August 2021. 2. The laboratory was asked to provide documentation of performing a second accuracy assessment in 2021. No documentation was provided. 3. An interview with the histotech on 03/17/2022 at 945 hours in the office revealed the facility performed on one accuracy assessment in 2021. This confirmed the findings.</p>