

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2203170	<b>(X3) Date Survey Completed</b>  04/06/2022
<b>Name of Provider or Supplier</b>  Epiphany Dermatology, Pa	<b>Street Address, City, State</b>  7106 Sanger Ave, Waco, 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>D5217</b>	<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 accuracy assessments, patient testing logs, and interview, the laboratory failed to perform twice a year accuracy assessments of its Frozen sections for the dermatopathology interpretations for 24 of 24 months reviewed. Findings follow. 1. Accuracy assessments for the dermatopathology interpretations of Frozen sections were requested on April 6, 2022 at 1440 hours but not provided. 2. Review of the Frozen Section Biopsy Log showed from 04/06/2020 - 04/05/2022 there were 17 cases/patients reported. 3. Interview with the pathologist assistant on April 6, 2022 at 1440 hours in the office confirmed accuracy assessments for Frozens were not performed.</p>