

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2205247	(X3) Date Survey Completed 12/05/2023
Name of Provider or Supplier Austin Skin	Street Address, City, State 15601 Sh 71 West Suite 200, Austin, 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	The laboratory was surveyed and found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, and recertification is recommended.
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's policies and procedures, and interview, the laboratory director failed to sign and date three of three laboratory policies and procedures prior to use. Findings follow. A. Review of the laboratory's policies and procedures contained in Dermatology-Mohs Program Laboratory Manual, KOH Protocol, and the Mineral Oil Protocol showed the laboratory director had not signed and dated the policies and procedures. B. Interview with the Medical Assistant Supervisor on December 5, 2023 at 1130 hours confirmed the findings.</p>