

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2206539	<b>(X3) Date Survey Completed</b>  07/17/2024
<b>Name of Provider or Supplier</b>  Dermatology & Skin Cancer Surgery Center	<b>Street Address, City, State</b>  2548 Lillian Miller Parkway Suite 120, Denton, 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>	The laboratory was found to be in substantial compliance with CLIA regulations 42 CFR Part 493. Standard level deficiencies were cited.
<b>D5407</b>	<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 laboratory policies and confirmed in interview, the laboratory director failed to approve, sign and date two of two policies before use in July 2024. Findings include: 1. Review of the laboratory's policies titled "DR. ROBERTS MOHS PROCEDURE" and "QUALITY CONTROL" determined the polices were not approved, signed, or dated by the laboratory director before it was put into use during a survey conducted on 07/17/2024. 2. The Histology Technician confirmed the findings in an interview on 07/17/2024 at 1038 hours in the laboratory.</p>