Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2218613	(X3) Date Survey Completed 09/24/2025
Name of Provider or Supplier Radiant Dermatology & Aesthetics Pllc	**Street Address, City, State** 9240 N Sam Houston Pkwy East, Suite 201, Humble, 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	As a result of a complaint investigation a survey of the laboratory was conducted on 09/24/2025. Surveyor 's review of laboratory ' s records, observations and staff interviews did not provide evidence to substantiate the complaint allegations. The laboratory was found in compliance with applicable CLIA conditions (42 CFR Part 493, Requirements for Laboratories) for the specialties/subspecialties for which it was surveyed. STANDARD LEVEL DEFICIENCIES were cited.
D6107	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(15) (e)(15) Specify, in writing, the responsibilities and duties of each consultant and each supervisor, as well as each person engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or result reporting and whether supervisory or director review is required prior to reporting patient test results. This STANDARD is not met as evidenced by: Based on review of laboratory's policies/procedures, personnel records and staff interview, the Laboratory Director failed to ensure delegation of specific duties for each component of laboratory processes was documented in writing for each of the six of six personnel employed by the facility in 2024 and 2025. Findings included: 1. Review of laboratory's policies/procedures revealed the laboratory had a Delegation of Duties policy (last reviewed January 2025) that specified each person's duties by title, specifically Laboratory Director, Clinical Consultant, Technical Supervisor, General Supervisor and Testing Personnel. The policy did not differentiate specific duties between the employed personnel involved in laboratory processes (Mohs surgeons or histotechs). The policy also did not address which personnel were delegated the different components of histopathology/Mohs surgery laboratory

	processes (testing components of grossing [sample measuring/ orienting/ describing/ dissecting/ inking/ marking], microscopic examination/interpretation and reporting, versus non-testing components of sample accessioning, freezing and cutting, slide preparation, staining and cover slipping). 2. Review of laboratory's personnel records revealed the laboratory did not have documentation of Laboratory Director's written delegation of specific duties for each of the six individuals (as indicated on submitted Form CMS 209) involved in facility's laboratory processes (three Mohs surgeons and three histotechs). 3. In an interview on 09/24/2025 at 0930 hours in the office, the facility's Practice Manager (as indicated on submitted Entrance/Exit Conference document) confirmed the findings. Key: CMS - Centers for Medicare and Medicaid Services