

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2247758	(X3) Date Survey Completed 09/01/2026
Name of Provider or Supplier Panhandle Dermatology Of Summitmd	Street Address, City, State 1600 S Coulter St, Ste E - 703, Amarillo, 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 found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, CLIA requirements for laboratories as a result of an recertification survey completed on September 01, 2026 and recertification is recommended. Standard level deficiencies were cited.
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e)(2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. This STANDARD is not met as evidenced by: Based on review of laboratory quality control records, patient testing, and confirmed in interview, the laboratory failed to ensure the documentation of hematoxylin and eosin (H&E) stain quality for 4 of 26 days where patient H&E slides were made for the assessment and interpretation of MOHS surgical procedures, for records reviewed from January through August 2026. The findings included: 1. Review of the laboratory document titled "Mohs Surgery Maintenance Log" included the following instructions: "Technician Instructions: 1. Log temperature ranges (cryostat chamber: -30(degrees) C to -18(degrees)C / room temp: 70(degrees F to 73(degrees) F) 2. Indicate the acceptability of Control Slides 3. Mark each task as complete" 2. Review of patient MOHS days from January 2026 through August 2026 included the following four days and 78 patients where an H&E slide was made for the assessment and interpretation of MOHS surgical procedures, and the quality of the stain, as acceptable, was not documented: April 15, 2026, 14 patients 041526-01, 041526-02, 041526-03, 041526-04, 041526-05, 041526-06, 041526-07, 041526-08, 041526-09, 041526-10, 041526-11, 041526-12, 041526-13, 041526-14 June 17, 2026, 22 patients 061726-01, 061726-02, 061726-03, 061726-04, 061726-05, 061726-06, 061726-07, 061726-08, 061726-09, 061726-10, 061726-11, 061726-12, 061726-13, 061726-14,

061726-15, 061726-16, 061726-17, 061726-18, 061726-19, 061726-20, 061726-21, 061726-22 July 15, 2026, 19 patients 071526-01, 071526-02, 071526-03, 071526-04, 071526-05, 071526-06, 071526-07, 071526-08, 071526-09, 071526-10, 071526-11, 071526-12, 071526-13, 071526-14, 071526-15, 071526-16, 071526-17, 071526-18, 071526-19. July 17, 2026, 12 patients 071726-01, 071726-02, 071726-03, 071726-04, 071726-05, 071726-06, 071726-07, 071726-08, 071726-09, 071726-10, 071726-11, 071726-12 3. In an interview on 9/1/2026 at 13:45 hours, in the laboratory, the office assistant confirmed the documentation of H&E stain acceptability was not documented for the above days where patients had slides made and stained for interpretation.