

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2279121	<b>(X3) Date Survey Completed</b>  10/21/2025
<b>Name of Provider or Supplier</b>  Epiphany Dermatology, Llc	<b>Street Address, City, State</b>  763 N Graham Street, Stephenville, 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>D5393</b>	<p><b>PREANALYTIC SYSTEMS QUALITY ASSESSMENT</b> CFR(s): 493.1249(b)(c)</p> <p>(b) The preanalytic systems assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of preanalytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all preanalytic systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on laboratory policy, direct observation of patient slides, patient accession logs, patient Mohs maps, patient final test reports, and confirmed in staff interview, the laboratory failed to have an effective QA (quality assessment) system in place to identify and correct errors when labeling 15 of 15 patient slides in April 2024. Findings included: 1. Review of the laboratory policy "Mohs Surgery and Frozen Section, Slide Labeling" stated: "QUALITY ASSURANCE: Epiphany Dermatology uses a QC Log filled out by the surgeon/dermatologist on each day microscopic examination is performed. Columns are marked as acceptable--A or unacceptable--U. In the event any part of the QC is unacceptable corrective action is required and documented on the log. If a slide is of inferior or non-diagnostic quality as determined by the surgeon/dermatologist (i.e. improperly embedded, poor stain quality, lack of tissue, folded tissue, air bubbles) the slide will be re-stained, or re-coverslipped as appropriate. If necessary, tissue may be re-embedded under the direction of the Laboratory Director and new slides may be cut to improve margin visualization. Deeper levels may be cut from tissue in the cryostat as needed. Patient information on the slide, Mohs map, and accession log are cross-referenced to ensure proper labeling and test record keeping procedures are followed." 2. Review of the following 15</p>

patient slides indicated a date of service as "4/13/24": Patient Mohs accession #s: STV24-40 (2 slides) STV24-41 (3 slides) STV24-42 (2 slides) STV24-43 (5 slides) STV24-44 (3 slides) 3. Review of patient accession logs, patient Mohs maps and patient final test reports for the above patient slides revealed a date of service as 04/12/2024 NOT 04/13/2024 as labeled on the slides. 4. During an interview on 10/21/2025 at 10:30 a.m., the laboratory representatives, after a review of the records, confirmed the above findings.