Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D0225155	10/27/2025
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology Associates Inc	1514 Amherst Street, Winchester, VA	

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	An announced CLIA recertification survey was conducted at Dermatology Associates, Inc on October 27, 2025 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. The specific deficiency cited is as follows:
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. This STANDARD is not met as evidenced by: Based on a review of the laboratory's policies and procedures, quality control (QC) records, patient logs, lack of documentation and interview, the laboratory failed to document daily Hematoxylin and Eosin (H&E) stain acceptability for seven (7) days with fifty-six (56) patient Mohs slides stained/processed/evaluated during the twenty-two (22) months reviewed from January 2024 until the date of the survey on October 27, 2025. The findings include: 1. Review of the laboratory's Quality Control procedure revealed a statement, "QA slide will be stained, checked, and documented on the Stain QA Sheet daily..." 2. Review of the "Stain QA Sheet" records from January 2024 to October 27, 2025, revealed a lack of H&E control slide documented for the following 7 dates: 01/17/2024, 02/29/2024, 03/27/2024, 05/16/2024, 05/22 /2024, 05/30/2024, 07/17/2024. 3. Review of the laboratory's Mohs patient logs revealed the following number of patient Mohs slides stained/ processed/evaluated on the 7 days lacking QC slide documentation: 01/17/2024 - 11 patient slides, 02/29 /2024 - 6 patient slides, 03/27/2024 - 9 patient slides, 05/16/2024 - 6 patient slides, 05 /22/2024 - 10 patient slides, 05/30/2024 - 6 patient slides, 07/17/2024 - 8 patient

	slides, A total of 56 patients slides. The surveyor requested to review the documentation of the daily H&E stain acceptability for the above listed dates. The laboratory provided a stained H&E slide for each of the days listed. The laboratory provided no documentation of the QC slide review for the above listed days. 4. In an exit interview with the Mohs Histotechnician on October 27, 2025 at 12:15 PM, the above findings were confirmed.