

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 49D2072762	<b>(X3) Date Survey Completed</b> 11/05/2025
<b>Name of Provider or Supplier</b> Forefront Dermatology, Sc	<b>Street Address, City, State</b> 101 Candlewood Court, Lynchburg, VA	
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>	An announced CLIA recertification survey was conducted at Forefront Dermatology SC (DBA: Ridgeview Dermatology) on November 5, 2025 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Specific deficiencies cited are as follows:
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the procedure manual, proficiency testing (PT) records, lack of documentation, and an interview, the laboratory failed to verify dermatological histopathology frozen section accuracy twice annually per their policy for one of two years reviewed. Findings include: 1. Review of the procedure manual revealed a written quality assurance policy that outlined protocols for twice annual Mohs PT for accuracy documentation. The policy stated: "3 cases Mohs peer review will be verified semi-annually. 3 cases Frozen Section peer review will be verified semi-annually." 2. Review of the available PT records for 2024 and year to date 2025 revealed the following record of frozen section tissue peer review (3 cases reviewed 2/19/24 and on 12/30/24). The inspector requested to review documentation of frozen section peer review PT for calendar year 2025. The documentation was not available for review. 3. An interview with the lead histopathology tech on 11/5/25 at 12:30 PM confirmed the above findings.</p>
<b>D6093</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(5)</p>

(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;

This STANDARD is not met as evidenced by:

Based on a review of procedures, twice annual accuracy verification records (proficiency testing), quality assessment (QA) corrective action, lack of documentation, and interview, the laboratory director (LD) failed to ensure that QA protocols were maintained for dermatological frozen section peer review per established policy for one of two years reviewed. \*Cross Reference D5217. Findings include: 1. Review of the procedure manual revealed a written quality assurance policy that outlined protocols for twice annual Mohs PT for accuracy documentation. The policy stated: "3 cases Mohs peer review will be verified semi-annually. 3 cases Frozen Section peer review will be verified semi-annually." 2. Review of the available PT records for 2024 and year to date 2025 revealed no record for frozen section cases in calendar year 2025. The inspector requested the records. The documentation was not available for review. 3. The inspector inquired regarding QA corrective action documentation for the failure to document 2025 dermatological frozen section peer review as outlined above. The lead histopathology tech stated on 11/5/25 at 12 noon, "It was realized that when we got the peer reviewed slides back in July this year that the frozen section cases had not been reviewed. The reference laboratory reviewed the Mohs slides but failed to review the frozen section cases. They were sent back but we still do not have the report. We do not have a written corrective action report signed by the lab director." 4. An interview with the lead histopathology tech on 11/5/25 at 12:30 PM confirmed the above findings.