Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D2148650	10/09/2018
Name of Provider or Supplier	**Street Address, City, State**	
District Dermatology	6711 Whittier Avenue, Suite 101, Mclean, 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 initial CLIA survey was conducted at District Dermatology on October 9, 2018 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:
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e) For reagent, media, and supply checks, the laboratory must do the following: (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. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on review of the policy and procedure manual, "QA Daily Chart for Frozen Sections", patient logs and interview, the laboratory failed to document intended reactivity for Hematoxylin and Eosin (H&E) stain for three (3) of five (5) days while reporting twelve (12) patients from June 7, 2018 to October 9, 2018. Findings include: 1. Review of the procedure manual revealed a policy, "Personnel and Duties", which states: "The Laboratory Technician is responsible for filling out all quality control and quality assurance logs on each day of surgery." 2. Review of the "QA Daily Chart for Frozen Sections" from June 7, 2018 to October 9, 2018 revealed H&E slide QC approved on 6/7/18 and 8/20/18. No other documentation of H&E slide QC was available for review. At approximately 12:15 PM, the surveyor asked the Lab Technician to explain how QC was performed for H&E slide staining. The Lab technician stated that he/she has a pre-cut slide he/she stains each day of patient testing. The slide is read for acceptability and documented on the "QA Daily Chart for Frozen Sections". 3. Review of the laboratory's patient logs revealed patient testing was performed as follows: 7/18/18 - 5 patients, 7/30/18 - 5 patients, 9/24/18 - 2

	patients. 4. An interview with Lab Director at approximately 12:30 PM confirmed that the laboratory failed to document the acceptability of the H&E stain each day of patient testing.