Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D2170917	02/05/2026
Name of Provider or Supplier	**Street Address, City, State**	
Martinsville Dermatology And Skin Surgery Center	312 Fairy St Extension, Suite 201, Martinsville, 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 unannounced onsite Clinical Laboratory Improvement Amendments (CLIA) complaint investigation (Complaint #VA00065195) was conducted at Martinsville Dermatology and Skin Surgery Center on January 21-22, 2026 by a Medical Facilities Inspector from the Virginia Department of Health, Office of Licensure and Certification. The investigation survey concluded with an off-site interview with the practice manager on 2/5/26. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. Based on a tour, review of documentation, and interviews, a standard level deficiency was identified and is as follows.
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) (d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid Services (CMS) Automated Survey Processing Environment (ASPEN) database, CMS Laboratory Personnel Report form (CMS 209), policy and procedure manual, lack of documentation, and interviews, the laboratory failed to ensure that Mohs histopathology procedures were approved, signed/dated by the current laboratory director (LD) after a change in personnel from December 17, 2025 to the date of inquiry, January 21-22, 2026. Findings include: 1. Review of the CMS ASPEN database revealed that a change in LD was entered on 12/17/25. 2. An interview and review of CMS 209 personnel form with the practice manager on 1/21/26 at 2 PM, confirmed the LD change outlined above. 3. Review of the laboratory's policy and procedure manual revealed a quality assessment policy that stated, "The current laboratory director will review and approve the manual and any subsequent additional or revisions." The inspector noted that the new LD had not signed/approved the policy and procedure manual as of 1/21/26. The inspector inquired regarding the lack of

	documentation for LD review. The Histopathology Mohs Technician stated on 1/21 /26 at 2:30 PM, "We are in the process of getting the procedures updated and signed /dated by the lab director. It should be completed in the next week or so." 4. An exit interview with the practice manager on 1/22/26 at 10:30 AM confirmed the findings.