Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D2018153	(X3) Date Survey Completed 11/12/2025
Name of Provider or Supplier Aqua Dermatology Of Alabama Pc	**Street Address, City, State** 1401 Edwards Lake Road, Birmingham, AL	
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
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on a review of the Bi-Annual Quality Control (QC) Peer Review (PR) Proficiency Testing (PT) records, the Policy and Procedure Manual and an interview with the MOHS Laboratory Supervisor (LS), the laboratory failed to submit one of the two Bi-Annual QC PR PT due in 2024, as per laboratory policy. The findings include: 1. A review of the 2024 Bi-Annual QC PR PT records revealed no documentation of MOHS surgery accuracy verification the first six months of 2024. 2. A review of the PT Procedure revealed twice per year the laboratory will submit 1-2 cases per surgeon per location to Derm Pathology for accuracy verification of the MOHS surgeon's diagnoses. 3. The MOHS LS confirmed the above findings during the exit conference on 11-12-2025 at 11:59 PM.