

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2028584	(X3) Date Survey Completed 04/22/2026
Name of Provider or Supplier Arkansas Dermatology	Street Address, City, State 4261 Stockton Drive, Suite 200, North Little Rock, AR	
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
D6127	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on a review of personnel files, lack of documentation, and interviews with laboratory staff, it was determined the technical supervisor failed to evaluate one (of ten) personnel for competency at least semiannually in the first year of testing. Survey findings follow: A. A review of personnel records revealed that one testing personnel did not have semiannual competency assessments performed in their first year of testing patient specimens. Testing personnel #1 (as listed on the CMS-209 form) had competency assessments dated on 1/2/25 and 1/14/26. B. In an interview, at 9:45am on 4/22/26, testing personnel #1, as listed on the form CMS-209, confirmed that they were hired in January of 2025 and only had one competency assessment for their first year of testing patient samples.</p>