

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0269185	(X3) Date Survey Completed 02/08/2018
Name of Provider or Supplier Aqua Dermatology Of Florida Pa	Street Address, City, State 6890 Belfort Oaks Place, Jacksonville, FL	
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	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE 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 record review and staff interview, the laboratory failed to send histopathology patient slides for peer review more than once annually for two of two years reviewed. The findings include: The record review of documented peer review for 2016 and 2017 showed that patient slides were only sent once a year to a pathologist to verify accuracy of results. The interview with the laboratory testing person on 2/8/18 at 11:00am confirmed that he was only sending slides for verification of accuracy once a year, and this was due to a misunderstanding of frequency.</p>