

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0276369	(X3) Date Survey Completed 08/05/2026
Name of Provider or Supplier Brevard Skin & Cancer Center	Street Address, City, State 1286 S Florida Ave, Rockledge, 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
D0000	An announced CLIA recertification survey was conducted at Brevard Skin and Cancer Center on August 5, 2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
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 record review and interview, the laboratory failed to verify the accuracy of Mycology and Parasitology testing twice annually from 09/03/2024 to 08/05/2026. Findings Included: 1. Review of the Clinical Laboratory Improvement Amendments application, signed and dated on 08/05/2026 by the Laboratory Directory, noted the addition of the specialties of Mycology and Parasitology effective date was 09/03 /2024. 2. Review of the Laboratory Personnel Report, signed and dated on 08/05/2026 by the Laboratory Directory revealed Testing Personnel E - H performed moderate level KOH (Potassium Hydroxide) Testing. 3. Review of proficiency testing documentation revealed there was no documentation of proficiency testing for Mycology and Parasitology. 4. During an interview on 08/05/2026 at 4:58 PM, the Mohs Technician revealed, they thought the KOH testing was a waived test, and no proficiency testing was done.
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with

	each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. This STANDARD is not met as evidenced by: Based on review of the procedure manual, record review, and interview, the laboratory failed to document the acceptability of the Hematoxylin and Eosin (H&E) and Special stains control slide for two days (02/17/2025, 04/04/2025) from 08/06/2024 to 08/05/2026, and the laboratory failed to record the acceptability of the immunohistochemistry (IHC) slides from 08/01/2024 to 07/23/2026 Findings: A1. Review of the Histology Stains - Quality Control log revealed, it was used to document the acceptability of H&E stain and special stains. The log was not filled out indicating the control slides were acceptable and were not signed by the Laboratory Director on 02/17/2025 and 04/04/2025. A2. During an interview on 08/05/2026 at 2:54 PM, the Mohs Technologist acknowledged the log was not filled out and signed on 02/17/2025 and 04/04/2025. B1. Review of the IHC/Special Stain Log showed the Laboratory Director failed to document the acceptability of the negative control IHC stained control slides form 08/01/2024 to 07/23/2026. B2. During an interview on 08/05/2026 at 4:40 PM, the Mohs Technologist acknowledged the acceptability of the negative IHC control slides was not documented.
D5805	TEST REPORT CFR(s): 493.1291(c) (c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on review of the histopathology reports and interview, the laboratory failed to list where the immunohistochemical (IHC) stains were performed for three (#1 - #3) of four (#1 - #4) patient reports with IHC stained slides reviewed. Finding Included: 1. Review of histopathology final reports showed patient reports listed results for the following IHC stains: 1A. Patient #1 - S100 (Neural Tissue/Lesion and Melanoma IHC stain), Melan-A (Melanocytic Marker IHC stain), and PRAME (Melanoma IHC stain). 1B. Patient #2 - S100, Melan-A, AE1/AE3 (Epithelial IHC stain), CK 5/6 (Cytokeratin 5/6 IHC stain), Desmin (Smooth Muscle Tumor IHC stain), and ERG (Endothelium; TMPRSS2-ERG IHC stain). 1C. Patient #3 - S100, Melan-A, and PRAME. 2. Review of the histopathology reports revealed the reports failed to list the name and address of the laboratory where the IHC staining was performed. 3. During an interview on 08/05/2026 at 4:00 PM, the Mohs Technician stated the laboratory stopped performing the staining of the IHC slides in mid September 2025. 4. During an interview on 08/05/2026 at 4:23 PM, the Mohs Technician acknowledged the name and address of the laboratory where the IHC staining was performed was not listed on the histopathology final report.
D6046	TECHNICAL CONSULTANT RESPONSIBILITIES

CFR(s): 493.1413(b)(8)

(b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently. The procedures for evaluation of the competency of the staff must include, but are not limited to--

This STANDARD is not met as evidenced by:

Based on record review and interview, the laboratory failed to evaluate the competency of four (E - H) of eight (A - H) Testing Personnel performing Mycology and Parasitology testing from 09/03/202 to 08/05/2026. Findings Included: 1. Review of the Clinical Laboratory Improvement Amendments application, signed and dated on 08/05/2026 by the Laboratory Directory, noted the addition of the specialties of Mycology and Parasitology effective date was 09/03/2024. 2. Review of the Laboratory Personnel Report, signed and dated on 08/05/2026 by the Laboratory Directory revealed Testing Personnel E - H performed moderate level KOH (Potassium Hydroxide) Testing. 3. Review of personnel documents revealed there was no documentation of competency evaluations on the personnel performing KOH testing. 4. During an interview on 08/05/2026 at 4:58 PM, the Mohs Technician revealed, they thought the KOH testing was a waived test, and no competency evaluation were done.