

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0885909	(X3) Date Survey Completed 06/01/2018
Name of Provider or Supplier Aqua Dermatology Of Florida Pa	Street Address, City, State 38162 Medical Center Ave, Zephyrhills, 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 interview with the Laboratory Manager, the laboratory failed to verify the accuracy of Histopathology testing at least every 6 months for 2 out of 2 years (2016-2018) reviewed. Findings Included: Policy and procedures revealed that Histopathology peer review should be performed every 6 months to verify the accuracy of testing. Peer reviews were conducted on 05/16, 01/17 (2 months late), and 06/17 (6 months late). No other peer reviews were performed. During an interview on 06/01/18 at 11:30 AM the Laboratory Manager confirmed that the peer reviews were not done timely per their policy.</p>