

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0895195	(X3) Date Survey Completed 06/25/2018
Name of Provider or Supplier Dermatology Associates	Street Address, City, State 350 Nw 76th Dr Ste A, Gainesville, 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
D5609	<p>HISTOPATHOLOGY CFR(s): 493.1273(e)(f)</p> <p>(e) The laboratory must use acceptable terminology of a recognized system of disease nomenclature in reporting results. (f) The laboratory must document all control procedures performed, as specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined that the laboratory failed to document the interpretation of the Hematoxylin and Eosin stain (H&E stain) quality control slide for 2017 and 2018. The findings include: During a review of the laboratory's quality control records, it was determined that the laboratory had no records available to show that the interpretation of the Hematoxylin and Eosin stain quality control slides had been documented for 2017 and 2018. During an interview with the laboratory staff on June 25 at approximately 11:00 AM she confirmed that the Pathologist had read, but not documented her interpretation of the Hematoxylin and Eosin stain quality control slides.</p>