Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D0951217	08/10/2026
Name of Provider or Supplier	**Street Address, City, State**	
Joseph J Chanda Md Pa	207 Silver Palm Ave, Melbourne, 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 Joseph J Chanda MD PA on August 10, 2026. The laboratory is not in compliance with 42 CFR Part 493, Requirement for Laboratories. The following Condition was cited: D5200 493.1230 - Condition: General Laboratory Systems
D5200	GENERAL LABORATORY SYSTEMS CFR(s): 493.1230 Each laboratory that performs nonwaived testing must meet the applicable general laboratory systems requirements in 493.1231 through 493.1236, unless HHS approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing. The laboratory must monitor and evaluate the overall quality of the general laboratory systems and correct identified problems specified in 493.1239 for each specialty and subspecialty of testing performed. This CONDITION is not met as evidenced by: Based on record review and interview, the laboratory failed to verify accuracy of the reading and interpretation (peer review) of the Hematoxylin and Eosin (H&E) stain at least twice annually for 2024 and 2025. (See D5217)
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 accuracy of the reading and interpretation (peer review) of the Hematoxylin and Eosin stain at least

	twice annually for 2024 and 2025. This is a repeat deficiency from the recertification survey on 4/29/24. Findings included: 1. Review of the Plan of Correction signed and dated by the Laboratory Director on 5/14/24 noted, "The Mohs technician will conduct these peer review submissions at two separate dates per year." 2. Review of the procedure titled Quality Assurance/Proficiency Testing signed and dated by the Laboratory Director on 5/21/26 noted, "Our lab's procedure dictates that a random selection of slides (approximately 3-4 complete cases), twice per year, between state inspection periods are sent with a copy of he form following this narrative, to be evaluated by a designated clinical pathologist." 3. Review of the Peer Review documents revealed, peer review for six cases was performed on 12/5/24 and eight cases on 12/30/25. 4. During an interview on 8/10/26 at 2:10 PM, the Mohs Technician acknowledged the peer review was not performed twice annually.