| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 10D0974551 | 07/22/2026 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Advanced Dermatology And Cosmetic Surgery | 2229 N Commerce Pkwy Ste 210, Weston, 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 |
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| **D0000** | An announced CLIA recertification survey was conducted at ADVANCED DERMATOLOGY AND COSMETIC SURGERY on July 22, 2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiency cited as follows: |
| **D6120** | TECHNICAL SUPERVISOR RESPONSIBILITIES<br>CFR(s): 493.1451(b)(7)(8)<br><br>(b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (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.<br><br>This STANDARD is not met as evidenced by:<br>Based on records review and staff interview, the Technical Supervisor failed to do competency evaluation for one out of two Testing Personnel in 2025 and 2026. Findings included: 1-Review of the Form CMS-209 signed by the Laboratory Director (LD) in 07/22/2026, revealed that the LD was also Clinical Consultant (CC), Technical Supervisor (TS), General Supervisor (GS) and Testing Personnel (TP#1), the 209 listed a second TP (TP#2). 2-Review of "Policy # CP_L 1018" "Competency Assessment for Testing Personnel" signed by the LD on 08/27/2025, revealed that stated in section "Procedure: a)Attestation of Competency: Mohs Surgeon will attest to their competency upon hire i.e., after a successful Mohs Proficiency Testing, at 6 months, and annually thereafter by signing CP-L1018B Attestation of Competency for Mohs Surgeons. i.The attestation form consists of the six minimal regulatory requirements for personnel performing high complexity laboratory testing of the CLIA Standard 42 CFR 493.1451. b) Each location's Laboratory Director will review the attestation forms annually to ensure adequate competency of the Mohs Surgeon and initiate any corrective actions if deemed necessary. Documentation will be |

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| | maintained in the Laboratory Manual." The policy failed to state the responsibility of the TS to evaluate the competency of TP and assuring that the staff maintain their competency. 3-Review of TP #2 personnel records titled CP-L1018-B for 2025 and 2026 , revealed a one page sheet signed and dated 06/17/2025 and 03/31/2026, with the six required elements for competency assessment listed and attestation section with the name of TP#2 and for this location that stated: "As Mohs surgeon/Laboratory Director (circle one or both) of Advanced Dermatology (location), I (name of the Mohs surgeon) am attesting that I'm fully competent in all competency standards by meeting the minimal CLIA regulatory requirements and CCP components as stated above. This can be determined after reviewing current proficiency testing records, education, and work history." No substantiating documentation provided of the competency assessment activities performed. 4- During an interview on 07/22/2026 at 12:45 PM, the office manager explained that Mohs Surgeons' competency is done with the attestation and confirmed the TS did not do the competency evaluation for TP#2.. |