Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D0985176	08/11/2025
Name of Provider or Supplier	**Street Address, City, State**	
Academic Alliance In Dermatology Inc	5210 Webb Rd, Tampa, 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
D6093	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) (e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur; This STANDARD is not met as evidenced by: Based on staff interview and record review, the Laboratory Director failed to have any corrective action for deficiencies cited at the 05/09/2025 validation survey. Findings included: 1. The Laboratory Manager (TP #D) was interviewed on 08/11/2025 at 10: 00 a.m. and 11:15 a.m. The Laboratory Manager stated the Laboratory Director /Technical Supervisor was not available as they were out of the United States, would be back in the US soon but would be unavailable as they would be in another state. 2. An allegation of compliance, for the deficiencies cited at the validation survey completed 05/09/2025, and any corrective action that the Laboratory Director has approved, reviewed, or signed off on was requested. 3. The Laboratory Manager stated on 08/11/2025 at 11:15 a.m., the Laboratory Director had not reviewed, approved or signed off on any corrective action to date.