

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D1007259	<b>(X3) Date Survey Completed</b>  07/09/2025
<b>Name of Provider or Supplier</b>  Bay Dermatology And Cosmetic Surgery Pa	<b>Street Address, City, State</b>  7500 Gulf Blvd Ste B, St Pete Beach, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D6076</b>	<p><b>LABORATORY DIRECTOR</b> CFR(s): 493.1441</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview the Lab Director failed to provide overall management and direction of the laboratory. Findings include: Review of the Allegation of Compliance signed and dated by the Laboratory Director 06/26/2025 revealed a plan to correct all deficiencies cited at the 05/22/2025 recertification survey. Previously cited noncompliance was found uncorrected. (See D6079)</p>
<b>D6079</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(a)(b)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, record and report test results promptly, accurately and proficiently, and for assuring compliance with the applicable regulations. (a) The laboratory director, if qualified, may perform the duties of the technical supervisor, clinical consultant, general supervisor, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications under 493.1447, 493.1453, 493.1459, and 493.1487 respectively. (b) If the laboratory director reapportions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on record review and interview, the Laboratory Director failed to provide effective operational oversight of the lab, and failed to assure compliance with applicable clinical laboratory regulations. Findings included: 1. Review of the Allegation of Compliance signed and dated by the Laboratory Director 06/26/2025 revealed a plan to correct all deficiencies cited at the 05/22/2025 recertification survey. 2. The noncompliance identified was not corrected. (See D5200, D5209, D5291, D5413 and D5791). 3. A telephone interview was conducted with the Lab Director (LD) on 07/09/2025 at 1:03 p.m. The findings of the revisit were discussed. The LD stated they were not aware the corrective action documentation was not completed and thought they did what they needed to do.