Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 10D1018060	**(X3) Date Survey Completed** 08/03/2026
Name of Provider or Supplier Sarasota Skin And Cancer Center Inc	**Street Address, City, State** 2179 S Tamiami Trl Ste 101, Osprey, 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 Sarasota Skin and Cancer Center Inc on 8/3/2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
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 record review and interview the Laboratory Director failed to ensure that there was a quality assessment program established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur from 4/2024 to 8/2026. Findings included: 1. The Laboratory Manual last reviewed by the Laboratory Director on 1/2026 (no specific date documented), failed to include a quality assessment program to assure the quality of laboratory services provided and to identify failures in quality as they occur. 2. The Laboratory Director confirmed on 8/3/2026 at 1:30 PM Laboratory Manual failed to include a quality assessment program to assure the quality of laboratory services provided and to identify failures in quality as they occur.
D6107	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(15) (e)(15) Specify, in writing, the responsibilities and duties of each consultant and each supervisor, as well as each person engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required

	for specimen processing, test performance or result reporting and whether supervisory or director review is required prior to reporting patient test results. This STANDARD is not met as evidenced by: Based on record review and interview the Laboratory Director failed to specify, in writing, the responsibilities and duties of the Laboratory Director, Clinical Consultant, Technical Consultant, General Supervisor, and Testing Person engaged in the performance of the preanalytic, analytic, and postanalytic phases of Histology testing from 4.2024 to 8/2026. Findings included: 1. The Laboratory Manual last reviewed by the Laboratory Director on 1/2026 (no specific date documented), failed to include written specific responsibilities and duties of the Laboratory Director, Clinical Consultant, Technical Consultant, General Supervisor, and Testing Person engaged in the performance of the preanalytic, analytic, and postanalytic phases of Histology testing. 2. The Laboratory Director confirmed on 8/3/2026 at 1:30 PM there was no written specific responsibilities and duties of the Laboratory Director, Clinical Consultant, Technical Consultant, General Supervisor, and Testing Person engaged in the performance of the preanalytic, analytic, and postanalytic phases of Histology testing.