

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D1041376	<b>(X3) Date Survey Completed</b>  07/10/2025
<b>Name of Provider or Supplier</b>  Brevard Skin And Cancer Center	<b>Street Address, City, State</b>  8059 Spyglass Hill Rd Ste 103, Viera, 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>D0000</b>	An announced CLIA recertification survey was conducted at Brevard Skin and Cancer Center on July 10, 2025. The laboratory was not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on interview, review of personnel records and procedure manual, the laboratory failed to have a written policy and procedure to assess competency for one (B) of two (A, B) High Complexity Testing Personnel who performed the interpretation of the Hematoxylin &amp; Eosin (H&amp;E) stained slides and failed to perform competency assessment on Testing Personnel B from 01/26/2025 to 07/10/2025. Findings: 1. Review of the Laboratory Personnel Report, signed by the Laboratory Director on 07/03/2025, listed two Testing Personnel (A, B) who performed the interpretation of the H &amp; E stained slides. 2. Review of the laboratory's procedure manual, signed by the Laboratory Director (Testing Personnel A) on 01/07/2025, revealed there was no procedure on competency assessment. 3. Review of the Laboratory Director's job description noted, "Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently." 4. Review of the personnel records revealed there was no competency assessment for Testing Personnel B. 5. During an interview on 07/10/2025 at 11:22 AM, the Laboratory Manager acknowledged there was no procedure on competency</p>

assessment and no documentation of competency assessments performed on Testing Personnel B.