

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D1097650	(X3) Date Survey Completed 09/08/2026
Name of Provider or Supplier Palm Harbor Dermatology Pa DbA Dermatolgy	Street Address, City, State 5310 Clark Rd Ste 201, Sarasota, 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 Palm Harbor Dermatology, PA on 9/8/2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
D5805	TEST REPORT CFR(s): 493.1291(c) (c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on record review and interview it was determined one (Patient 3) of three patients ' (Patient 1, 2, and 3) Histopathology reports failed to indicate the name and address of the laboratory location where the test was performed. Findings included: 1. The laboratory provided MOHS map results for three patient results. (Patients 1, 2, and 3). One of three patient reports for Histopathology reports reviewed (Patient 3) failed to indicate which of the listed nine laboratories. The Visit Notes with the testing results for Patient 3 of the three reviewed (Patient 1, 2, and 3) listed the testing address location of a different laboratory. 2. The Operational Lead, on 9/8/2026 at 1: 00 PM, confirmed Patient 3's MOHS map and Visit Notes both did not indicate the correct name and address of where the testing was performed.