

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2000005	(X3) Date Survey Completed 08/02/2021
Name of Provider or Supplier Dermatology Associates Of Tallahassee Pa	Street Address, City, State 1632 Riggins Rd, Tallahassee, 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	A recertification survey was conducted on August 2, 2021. Dermatology Associates of Tallahassee clinical laboratory was found NOT in compliance with 42 CFR 493, requirements for clinical laboratories.
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of QA (Quality Assurance) peer review and staff interview, the laboratory failed to verify the accuracy of DTM (Dermatophyte Test Medium) testing at least twice a year for 1 of 2 (2019-2021) years reviewed. The findings include: Review of peer review records found peer review for DTM testing was performed once in 2020. Interview with Testing Person A on 8/2/21 at approximately 4:45 p.m. confirmed that peer review was only performed once due to low testing volume.</p>