Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2006833	08/04/2026
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology Center Of The Palm Beaches	5808 Jog Rd, Lake Worth, 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 Dermatology Center Of The Palm Beaches on August 4, 2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) (a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by: Based on record review, and interview, the laboratory failed to follow the policy to document 5 (Patients 1-5) out of 5 Mohs Surgery Operative Reports for body location for Mohs map, nurse name and time in and out for Mohs testing. Findings Included: 1. Review of Mohs Surgery Operative Reports revealed the following: A. Patient 1 Mohs Surgery Operative Report was completed on 11/30/2024 and had no documentation for body location for Mohs map, nurse name or the time in and out for testing. B. Patient 2 Mohs Surgery Operative Report was completed on 12/20/2025 and had no documentation for body location for Mohs map, nurse name or the time in and out for testing. C. Patient 3 Mohs Surgery Operative Report was completed on 2 /14/2026 and had no documentation for body location for Mohs map, nurse name or the time in and out for testing. D. Patient 4 Mohs Surgery Operative Report was completed on 10/18/2025 and had no documentation for body location for Mohs map, nurse name or time in and out for testing. E. Patient 5 Mohs Surgery Operative Report was completed on 7/11/2026 and had no documentation for nurse name or time in and out for testing. 2. Review of Mohs' Laboratory Procedure signed by the Laboratory Director on 10/6/2025 read, "Drawing of the specimen is draw on the Mohs Map." 3. Review of Mohs Micrographic Surgery displayed time in and time out on Mohs Map sheets. 4. Review of Quality Assessment Plan signed by the Laboratory Director on 10

	/6/2025 read, "Patient surgical site will be located using the biopsy reports description of location and the doctor visually observing the site on the patient." 5. On 8/4/2026 at 12:00 PM, the Assistant Manager confirmed there was no documentation for 5 out of 5 Mohs Surgery Operative Reports for body location for Mohs map, nurse name or the time in and out for Mohs testing.