

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2031538	(X3) Date Survey Completed 11/24/2025
Name of Provider or Supplier Academic Alliance In Dermatology Inc	Street Address, City, State 2438 Bloomingdale Ave, Valrico, 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
D6076	LABORATORY DIRECTOR CFR(s): 493.1441 The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart. This CONDITION is not met as evidenced by: Based on record review, observation, and interview, the laboratory failed to have a Laboratory Director who provided overall management and direction in accordance from 09/2023 through 09/2025. (See D6079, D6080, and D6093)
D6079	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(a)(b) The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, record and report test results promptly, accurately and proficiently, and for assuring compliance with the applicable regulations. (a) The laboratory director, if qualified, may perform the duties of the technical supervisor, clinical consultant, general supervisor, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications under 493.1447, 493.1453, 493.1459, and 493.1487 respectively. (b) If the laboratory director reapportions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed. This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the Laboratory Director failed to provide effective oversight and administration of the laboratory from 09/2023 through

09/2025. An unannounced CLIA revisit was conducted 11/24/2025 for the survey ending on 07/22/2025 for Academic Alliance in Dermatology Inc. Previously cited deficiencies were found to be uncorrected and new deficiency practice cited. Findings included: 1. The Laboratory Director failed to ensure protection from chemical hazards from 10/23/2023 to 7/17/2025. (See D3011) This is an uncorrected citation. 2. Based on record review and interview the Laboratory Director failed to develop a policy or provide evidence of the required onsite visits for one of one six month period reviewed (01/2025 - 07/2025). (See D 6080) These is an uncorrected citation. 3. Based on record review and interview, the Laboratory Director failed to ensure that the quality assessment program was maintained to assure the quality of laboratory services provided for 2024-2025. (See D 6093) This is an uncorrected citation. 4. The Regional Director of Operations stated on 11/24/2025 at 12:10 p.m. via phone call he was aware the Plan of Correction signed by the Laboratory Director 9/25/2025 had not been completed. 5. The Laboratory Director of record was not available during the 11/24/2025 visit.