

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2039980	(X3) Date Survey Completed 02/25/2026
Name of Provider or Supplier Florida Medical Clinic Pa	Street Address, City, State 2100 Via Bella Blvd Ste 101, Land O Lakes, 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 Florida Medical Clinic Orlando Health on 02/25/2026. The laboratory is not in compliance with 42 CFR Part 493, Requirement for Laboratories. The following Condition was cited: D5200 493.1230 Condition: General Laboratory Systems
D5200	<p>GENERAL LABORATORY SYSTEMS CFR(s): 493.1230</p> <p>Each laboratory that performs nonwaived testing must meet the applicable general laboratory systems requirements in 493.1231 through 493.1236, unless HHS approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing. The laboratory must monitor and evaluate the overall quality of the general laboratory systems and correct identified problems specified in 493.1239 for each specialty and subspecialty of testing performed.</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview with Testing Personnel (TP) #A, the laboratory failed to perform biannual verification of Mohs slide interpretation for 1 of 2 events in 2024 (See D5219).</p>
D5219	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(2)</p> <p>(c)(2) Any test or procedure listed in subpart I of this part for which compatible proficiency testing samples are not offered by a CMS-approved proficiency testing program.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with Testing Personnel (TP) #A/Laboratory</p>

Director (LD), the laboratory failed to perform biannual verification of Mohs slide interpretation for 1 of 2 events in 2024. This is a repeat deficiency from the 03/29/2024 recertification survey. Findings included: 1-Review of the plan of correction from the 03/29/2024 recertification survey (signed and dated by the LD on 05/23/2024) stated, "The lab will submit 4 cases biannually to the secondary reviewer. The secondary reviewer will have 60 days to return the biannual verification. If the verification is not returned within 60 days, slides will be sent to another secondary reviewer for verification. The QA policy has been updated to reflect this revision." It also stated "Policy has been reviewed with staff. Lab Director will monitor and communicate with secondary reviewer to ensure biannual verification is returned within the required time frame." 2-Review of proficiency test records revealed the TP forwarded representative cases from 3/31/23, 6/30/23, 9/30/23, and 12/31/23 to a secondary reviewer to verify initial diagnosis. The secondary reviewer verified all 4 cases on 2/6/24. There was not a second event for 2024 in test records. 3-Review of the "Proficiency Testing MOHS Histopathology Semiannually Second Slide Review" in the "MOHs Policies and Procedures" manual signed 1/5/26 by the LD states that two cases will be sent semiannually to a secondary reviewer. 4-Interview with the TP/LD on 02/25/2026 at 12:50 p.m. confirmed that the representative cases from 3/31/23, 6/30/23, 9/30/23, and 12/31/23 were sent to the secondary reviewer some time in 2023, but the secondary reviewer did not verify the cases until 2/6/24, and did not send any more cases for the year of 2024.