

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2044066	<b>(X3) Date Survey Completed</b>  05/20/2020
<b>Name of Provider or Supplier</b>  Aqua Dermatology Of Florida Pa	<b>Street Address, City, State</b>  14840 Tamiami Trl, North Port, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An announced CLIA recertification survey was conducted at Naples Center for Dermatology and Cosmetic Surgery d/b/a Riverchase Dermatology on 05/20/20. The laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:
<b>D2010</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(2)</p> <p>The laboratory must test samples the same number of times that it routinely tests patient samples.</p> <p>This STANDARD is not met as evidenced by: Based on American Academy of Family Physician (AAFP) proficiency record review and staff interview, the laboratory did not test proficiency testing samples the same number of times that it tests patient samples for 4 events (2018 B, 2019 A, 2019 C and 2020 A) out of 7 events reviewed (2018, A, B, C, 2019 A, B, C, and 2020 A) for the subspecialties of mycology and parasitology. Findings included: Record review of the AAFP laboratory's proficiency testing attestation records showed that 2 of 2 Testing Personnel performed 4 events on 2018 B, 2019 A, 2019 C, and 2020 A in duplicate, however, patient samples were not performed in duplicate. Interview on 5/20/20 at 11:00 am with the Moh's Laboratory Supervisor confirmed that the laboratory does not routinely test patient samples more than once, and the proficiency testing samples for the 4 events were tested in duplicate.</p>
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p>

This STANDARD is not met as evidenced by:

Based on record review and interview with the Moh's Laboratory Supervisor, the laboratory failed to have documentation of competency assessment for the subspecialties of mycology (fungi) and parasitology (scabies) for 2 out of 2 years reviewed (2018-2020) for Testing Personnel B. Findings Included: Review of the CMS 209 signed by the Laboratory Director on 05/20/20 revealed the laboratory had two Testing Personnel: Testing Person #A (who is also the Laboratory Director) and Testing Person #B. Review of Testing Person #B's personnel file revealed that competency assessments had not been performed for 2 out of 2 years (2018-2020). Review of the Quality Assurance procedure revealed that, "In addition, a detailed competency evaluation will be included in their annual evaluation." On 05/20/20 at 11:40 AM, the Moh's Laboratory Supervisor confirmed that there were no competency assessments for Testing Personnel #B.