

<p><b>Statement of Deficiencies</b></p>	<p><b>(X1) Provider/Supplier/CLIA Identification Number</b></p> <p>10D2073813</p>	<p><b>(X3) Date Survey Completed</b></p> <p>09/29/2025</p>
<p><b>Name of Provider or Supplier</b></p> <p>Z-Roc Dermatology Llc</p>	<p><b>Street Address, City, State</b></p> <p>2838 E Oakland Park Blvd Ste 201, Fort Lauderdale, FL</p>	
<p>For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.</p>		

<p><b>(X4) ID Prefix Tag</b></p>	<p><b>Summary Statement of Deficiencies</b></p>
<p><b>D0000</b></p>	<p>An announced CLIA recertification survey was conducted at Z-ROC DERMATOLOGY LLC from September 17, 2025 to September 29, 2025. The laboratory was not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:</p>
<p><b>D5217</b></p>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 record review and staff interview, the laboratory failed to verify the accuracy of Histopathology testing at least twice annually for 1 (2024) out of 2 years (2024-2025) reviewed. Findings included: 1. Personnel records reviewed revealed that in the Histopathology section there were two testing personnel TP1 (laboratory director), and TP2 (histology technician) as per CMS 209 Form. 2. Review of Subpart I, 42 CFR Part 493.901 through 493.959 revealed that there was no approved proficiency testing programs for the interpretation of stained tissues. 3. Review of the laboratory procedure stated in Proficiency Testing (PT) "Semi-annually a case will be randomly selected by the histotechnologist and will be submitted to a Board-Certified Dermatopathologist/Dermatologist or Mohs Surgeon for review." 4. Review of the Quality Assurance (QA) peer review found that peer review for Histopathology was done for TP1 on 04/30/2024. The Laboratory did not provide another record for PT in 2024 because the laboratory had closed from 08/26/2024 to 07/21/2025. 5. Review of the Mohs log record revealed that the laboratory tested approximately 223 patients dated from January 8, 2024 to August 26, 2024. 6. During an interview on 09/17/2025 at 11:48 AM, the Risk Management consultant confirmed there was one QA peer review documented for the year 2024</p>