Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2077197	04/06/2026
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology Solutions	14071 Metropolis Ave, Fort Myers, 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 Solutions on 4/2/2026 to 4/6/2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
D3011	FACILITIES CFR(s): 493.1101(d) Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials. This STANDARD is not met as evidenced by: Based on record review and email interview, safety procedures failed to be observed to ensure protection from chemical hazards from 10/16/2025 to 4/2/2026. Findings included: 1. The Ventilation and Fume Hood Use for Staining Reagents procedure was approved by the Laboratory Director on 10/16/2025. Badge monitoring of chemical exposure was to be quarterly or sooner if changes in process or reagents occurred. The Ventilation and Fume Hood Use for Staining Reagents procedure under responsibility, indicated the Laboratory Director was to review monitoring reports, sign/date, and implement corrective action if limits were exceeded. 2. Via email documentation of badge monitoring and all associated documents from 10/16/2025 to 4/2/2026 was requested on 4/3/2026 at 10:58 a.m. to be submitted no later than 4/6 /2026 at 9:00 a.m. Requested documentation was not received until 4/6/2026 at 2:21 p. m. from the Compliance Manager. Compliance Manager documented via email they were not aware of the initial email request. 3. The Occupational Hygiene Analysis dated 12/17/2025 of the badge monitoring provided via email failed to include any proof of review of the monitoring reports by the Laboratory Director as the procedure indicated was to be performed.