Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2101438	(X3) Date Survey Completed 03/08/2019
Name of Provider or Supplier Park Avenue Dermatology North	**Street Address, City, State** 15255 Max Leggett Pkwy Ste 5100, Jacksonville, 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
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on record review and interview with the Manager, the laboratory failed to document room temperature and humidity for 2 out of 2 years (2017-2019) reviewed. Findings Included: Review of maintenance records from 03/08/17 through 03/08/19 found no room temperature and humidity documented. During an interview on 03/08/19 at 11:00 AM, the Manager confirmed that there were no room temperature and humidity recorded.