

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2101532	(X3) Date Survey Completed 03/03/2021
Name of Provider or Supplier Dermatology Associates Of Tallahassee	Street Address, City, State 425 W 19th Street Ste D, Panama City, 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	A recertification survey was conducted on March 3, 2021. Dermatology Associates of Tallahassee DBA Dermatology Southeast of Panama City was found not in compliance with 42 CFR 493, requirements for clinical laboratories.
D5413	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to document laboratory humidity for two of two years reviewed (April 2019- March 2021). The findings include: Review of maintenance records found no humidity documented. During an interview on 3/3/21 at 10:05 AM the MOHs technician confirmed that there was no humidity recorded.</p>