

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2115331	<b>(X3) Date Survey Completed</b>  02/26/2018
<b>Name of Provider or Supplier</b>  Bay Dermatology & Cosmetic Surgery Pa	<b>Street Address, City, State</b>  2653 Bruce B Downs Blvd, Suite 120a, Wesley Chapel, 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>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE 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 interview with the Office Manager, the laboratory failed to verify the accuracy of Scabies testing at least twice a year for 2 out of 2 years (2016-2018) reviewed. Findings Included: Review of quality assurance peer reviews revealed that peer review was performed 02/18, 05/17, and 11/16. No other peer reviews were documented. During an interview on 02/26/18 at 3:00 PM the Office Manager confirmed that there were no other peer reviews performed.</p>