

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2122667	(X3) Date Survey Completed 06/16/2020
Name of Provider or Supplier Southeastern Dermatology Group Pa	Street Address, City, State 3110 Cherry Palm Dr Ste 350, Tampa, 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 Southeastern Dermatology on 06/16/20. The laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with the Laboratory Director the laboratory failed to have the address of where the testing was performed documented on the test report for 2 (2018-2020) out of 2 years reviewed. Findings Included: Review of 3 final reports dated 02/19/20, 04/23/19, and 06/28/18, revealed that the location where the slides were read was not on the final report. Interview on 06/16/20 at 11:30 AM with the Laboratory Director confirmed that the location of where the Histopathology slides were read was not on the final report.</p>