Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 10D2126902	**(X3) Date Survey Completed** 08/01/2022
Name of Provider or Supplier Dermatology Associates Of Tallahassee Pa	**Street Address, City, State** 616 St Rd 13 Ste 8, St Johns, 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	
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to verify the accuracy of KOH (potassium hydroxide) testing at least twice a year for 2 of 2 (2020 - 2022) years reviewed. Findings Included: Review of peer review records showed no documentation of twice annual verification of KOH testing. Interview with the Laboratory Director on 8/1/22 at 10:00am confirmed that no peer review was performed for KOH during the 2 year period when patient testing was performed.