

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2128465	(X3) Date Survey Completed 03/07/2025
Name of Provider or Supplier Dermatology Boutique Pa	Street Address, City, State 100 N Federal Hwy Ste 202, Hallandale, 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 DERMATOLOGY BOUTIQUE PA from March 03, 2025 to March 07, 2025 . The laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:
D5601	<p>HISTOPATHOLOGY CFR(s): 493.1273(a)(f)</p> <p>(a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on review of Quality Control (QC) records and Risk Management staff interview, the Laboratory failed to follow the laboratory policy for review of the control slide stain quality since March of 2023. The findings included: 1-Review of the CMS-209 form submitted on 03-03-2025 revealed that there is one testing personnel who is also the Laboratory Director. 2-Review of the daily QC records showed that the documentation had been signed by the technicians for 03/13/2023, 04/14/2023, 05/12/2023, 09/29/2023, 11/17/2023, 12/18/2023, 06/21/204, 11/08/2024 and 01/17/2025, 01/31/2025, 02/5/2025, and 02/14/2025. 3-Review of the procedure QC Measure for Modified Hematoxylin & Eosin Routine Stain stated, "The Laboratory Director will review the slide in order to evaluate the stain quality." 4-Review of the policy and procedure manual signed and approved by the Laboratory Director did not match the "approved" signature from QC records in item 2. 5-Interview on 03/03/2025 at 1:24 AM with the Laboratory Risk Assessment Consultant, confirmed that the daily QC records approval were not the Laboratory Director's signature.</p>