

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2142459	(X3) Date Survey Completed 08/03/2021
Name of Provider or Supplier Dermatology Associates Of Tallahassee	Street Address, City, State 3009 4th St, Marianna, 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 8/3/21. Dermatology Associates of Tallahassee (Marianna location) was found not in compliance with 42 CFR 493, requirements for clinical laboratories.
D5217	<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 review of QA (Quality Assurance) peer review and staff interview, the laboratory failed to verify the accuracy of DTM (Dermatophyte Test Medium) testing, and Mohs testing at least twice a year for 1 of 2 (2019-2021) years reviewed. The findings include: 1. Review of peer review records found peer review for DTM testing was not performed in 2020. Interview with Testing Person A on 8/3/21 at approximately 8:45 a.m. confirmed that peer review for DTM was not performed in 2020. 2. Review of peer review records found peer review for Mohs testing was only performed once in 2020. The interview with Testing Person A on 8/4/21 at 8:45am confirmed that Mohs peer review was only performed once.</p>