

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2142459	(X3) Date Survey Completed 11/04/2025
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	An announced CLIA recertification survey was conducted at Dermatology Associates of Tallahassee on 11/04/2025. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, it was determined that the Laboratory performs annual competency testing, that includes the grossing portion of histology testing, and are not signed off for 3 of 3 Testing Persons (TP#A, TP#B, TP#C) for 2 of 2 (2024-2025) years. Findings Include: 1.) Review of CMS-209 Personnel form, signed by the Laboratory Director (LD) 10/16/2025, lists 3 high complexity TP (TP#A, TP#B, TP#C). 2.) Review of the "Employee Training and Evaluation" procedure, states annual evaluations are to be signed by "lab manager and the employee." 3.) Review of annual competencies performed on TP# A on 7/23/24 and 7/22/25 revealed no signature for review. Review of TP#B annual competencies performed on TP#B on 7/23/24 and 7/22/25 revealed no signature for review. Review of TP#C annual competencies performed on 7/23/24, and 7/22/25 revealed no signature for review. 4.) Interview with TP#A at 11:07am on 11/4/25 recognized that annual competencies were not signed.</p>