

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2157682	<b>(X3) Date Survey Completed</b>  08/25/2020
<b>Name of Provider or Supplier</b>  Associates In Dermatology Md's Pl	<b>Street Address, City, State</b>  3665 Tamiami Trail, Punta Gorda, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An announced recertification survey was conducted on 8/25/20 at Associates in Dermatology MD, a clinical laboratory in Punta Gorda, Florida. The laboratory is not in compliance with 42 CFR Par 493, requirements for laboratories.
<b>D5217</b>	<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 record review and interview with laboratory personnel, the laboratory did not verify the accuracy of potassium hydroxide (KOH) preps twice annually. The findings included: Review of KOH records from March 2019 when the office opened to the present on 8/25/20 revealed that the laboratory had not verified the accuracy of KOH preps. During an interview with the laboratory manager at 10:10 a.m. on 8/25 /20, she confirmed that it had not been done.</p>