Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2163657	(X3) Date Survey Completed 12/09/2020
Name of Provider or Supplier Dermatology Of Gainesville Llc	**Street Address, City, State** 13575 Nw 1st Lane Suite 10, Newberry, 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 recertification survey was completed on 12/9/20 at Dermatology of Gainesville Llc, a clinical laboratory in Newberry, FL. The facility was NOT in compliance with the 42 CFR Part 493, Requirements for Laboratories.
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 send Histopathology patient slides for peer review for one of two years reviewed. (2019 - 2020) The findings include: The record review of documented peer review for 2019 and 2020 showed that patient slides were only sent once (August 2020) since the laboratory opened in May of 2019 to a pathologist to verify accuracy of results. The interview with the Office Manager person on 12/9/20 at 10:15am confirmed that slides were not sent for verification of accuracy in 2019.