

<p>Statement of Deficiencies</p>	<p>(X1) Provider/Supplier/CLIA Identification Number</p> <p>10D2169717</p>	<p>(X3) Date Survey Completed</p> <p>03/11/2022</p>
<p>Name of Provider or Supplier</p> <p>Oceans Dermatology Llc</p>	<p>Street Address, City, State</p> <p>10151 Enterprise Center Blvd Suite 204, Boynton Beach, FL</p>	
<p>For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.</p>		

<p>(X4) ID Prefix Tag</p>	<p>Summary Statement of Deficiencies</p>
<p>D0000</p>	<p>An announced recertification survey was conducted on 3/11/22 at Oceans Dermatology LLC, a clinical laboratory in Boynton Beach, Florida. Oceans Dermatology LLC, is not in compliance with Code of Federal Regulations (CFR) 42, Part 493, Laboratory Requirements. The following is a description of the noncompliance.</p>
<p>D6103</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13)</p> <p>The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with the Laboratory Director, the Laboratory Director failed to have a written competency procedure and failed to assess the competency of Testing Personnel #B for two out of two years (2020 - 2022). Findings Included:: Record review of the laboratory's policy and procedure manual revealed that the laboratory did not have a written competency procedure that described the process the Laboratory Director would use to assess the competency of Testing Personnel #B. Review of the personnel records for Testing Personnel #B revealed competency had not been assessed on Testing Personnel #B for two out of two years (2020 - 2022). On 03/11/2022 at 11:30 a.m., the Laboratory Director stated she did not know that the laboratory needed a competency procedure and that Testing Personnel #B needed competency assessment every year.</p>