Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2262657	07/09/2026
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology Southeast	1807 3rd Street North, Jacksonville Beach, 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 Southside Dermatology P.A. on 7/9/2026. The laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:
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 interview, the laboratory failed to verify the accuracy of its Mohs histopathology testing at least twice yearly for the 2025 calendar year. Findings include: A review of the laboratory's document titled " Mohs slide quality control Jax Beach" on 07/09/2026 for the 2025 calendar year revealed that the laboratory only completed one accuracy verification cycle for its Mohs histopathology testing. Documentation showed that the first accuracy verification was completed in September 2025; however, there was no record of a second semi-annual verification being performed during the remainder of the 2025 calendar year. In an interview on 07 /09/2026 at 12:30pm, Staff #A confirmed that the laboratory failed to have documentation showing the second required semi-annual accuracy verification for 2025.
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) (b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's

	instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (b)(1) Water quality. (b)(2) Temperature. (b)(3) Humidity. (b)(4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to monitor and document room temperature, humidity, and equipment temperature (cryostat) for 1 of 23 testing days reviewed in the 2025 and 2026 calendar years. Findings include: A review of the laboratory's document titled "Hematoxylin & Eosin Quality Control & Maintenance" 07/09/2026 for the period of August 2025 through July 2026 (a total of 23 testing days) revealed that the laboratory failed to document the room temperature, room humidity, and the internal temperature of the cryostat for 10/28/2025. In an interview on 07/09/2026 at 12:30pm, Staff #A (Mohs Technician) confirmed that the environmental and equipment temperatures were not recorded for 10/28/2025.