

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2289885	<b>(X3) Date Survey Completed</b>  09/15/2025
<b>Name of Provider or Supplier</b>  Shah Shareef Do DbA Coral Dermatology	<b>Street Address, City, State</b>  5741 Bee Ridge Rd Suite 570, Sarasota, 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 CLIA recertification survey was conducted at Shah Shareef DO DBA Coral Dermatology on 09/15/2025. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. The Standard deficiency cited was as follows:
<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, the laboratory failed to verify accuracy twice annually from 1/16/24 to 09/15/25 for Testing Person (TP) A , the only testing personnel, for testing performed in the subspecialty of Histopathology. Findings included: 1. The laboratory's Policies and Procedure Manual reviewed and signed by the Laboratory Director on 1/06/2025 showed semi-annually, two cases would be randomly selected to be submitted to a board certified dermatologist for review in the absence of an accredited proficiency testing program. 2. The CMS-209 signed by the Laboratory Director on 09/17/25 listed only himself as TP A. 3. Quality Assurance-Proficiency records were reviewed from 1/16/24 to 09/15/25, the only QA-Proficiency records found was dated 1/23/2025 for TP A. 4. The Laboratory Director on 09/15/25 at 12:05 p.m., confirmed the twice yearly verification of Histopathology testing failed to be performed and that the only verification completed was dated 1/23/2025.</p>