

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2292928	(X3) Date Survey Completed 08/15/2025
Name of Provider or Supplier Premier Dermatology Partners	Street Address, City, State 5353 N Federal Highway, Suite 303, Fort Lauderdale, 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	A validation survey was conducted on August 15, 2025. Standard-level deficiencies were cited.
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's Proficiency Testing and Quality Assurance policies, Proficiency Testing report/Peer Review for MOHS Micrographic Survey forms, and interview with the lead Medical Assistant, the laboratory failed to follow its established Quality Assurance policy and procedural requirements for one of one proficiency testing report/MOHS peer review. Findings included: 1. A review of the laboratory's Proficiency Testing Policy revealed the requirement of, "the peer review documentation will be signed and dated by: the reviewing MOHS Surgeon, Dermatologist, Pathologist or Dermatopathologist; the original MOHS Surgeon; and the Laboratory Director." 2. A review the laboratory's Proficiency Testing and Quality Assurance procedure specified, "Any comments documented during either the QA and Proficiency Testing will be reviewed and signed by the Lab Director." 3. A review of a master copy of the laboratory's Proficiency Testing report/Peer Review for MOHS Micrographic Surgery form showed a designated Lab Director Review Signature line. However, examination of a completed MOHs Micrographic Surgery form for Testing Personnel #1 (TP #1) covering the period January 2025 to June 2025 revealed the Lab Director Review Signature Line had been whited out and replaced with an electronic signature for TP #1. 4. During an interview conducted on 08/15/2025 at 11:30 AM,</p>

the Lead Medical Assistant confirmed the laboratory failed to follow its own established Quality Assurance procedures by allowing TP #1 to sign their own peer review form and not the Laboratory Director.

D6091

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1445(e)(4)(iii)

(e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action; and

This STANDARD is not met as evidenced by:
Based on review of the laboratory's Proficiency Testing and Quality Assurance policies, Proficiency Testing report/Peer Review for MOHS Micrographic Surgery forms, and interview with the lead Medical Assistant, the Laboratory Director failed to ensure proficiency testing reports were reviewed and evaluated by the appropriate supervisory staff for one of one proficiency testing report/MOHS peer review. Findings included: 1. A review of the laboratory's Proficiency Testing Policy revealed the requirement of, "the peer review documentation will be signed and dated by: the reviewing MOHS Surgeon, Dermatologist, Pathologist or Dermatopathologist; the original MOHS Surgeon; and the Laboratory Director." 2. A review the laboratory's Proficiency Testing and Quality Assurance procedure specified, "Any comments documented during either the QA and Proficiency Testing will be reviewed and signed by the Lab Director." 3. A review of a master copy of the laboratory's Proficiency Testing report/Peer Review for MOHs Micrographic Surgery form showed a designated Lab Director Review Signature line. However, examination of a completed MOHs Micrographic Surgery form for Testing Personnel #1 (TP #1) covering the period January 2025 to June 2025 revealed the Lab Director Review Signature Line had been whited out and replaced with an electronic signature for TP #1. 4. During an interview conducted on 08/15/2025 at 11:30 AM, the Lead Medical Assistant confirmed the Laboratory Director did not review or sign the proficiency testing report/peer review form for MOHS micrographic surgery for TP #1. Instead, the TP #1 signed their own peer review form.