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|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>10D2315755             | <b>(X3) Date Survey Completed</b><br><br>06/06/2025 |
| <b>Name of Provider or Supplier</b><br><br>Wall Dermatology Llc                                                            | <b>Street Address, City, State</b><br><br>1700 66th St N Ste 300, Saint Petersburg, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| D0000              | An announced CLIA initial certification survey was conducted at Wall Dermatology LLC on 06/03/2025 - 06/06/2025. The laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| D6093              | <p>LABORATORY DIRECTOR RESPONSIBILITIES<br/>CFR(s): 493.1445(e)(5)</p> <p>(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;</p> <p>This STANDARD is not met as evidenced by:<br/>Based on review of the policy and procedure manual and staff interview, the Laboratory Director failed to establish a comprehensive quality assessment program to encompass all aspects of laboratory services from 02/17/2025 to 06/06/2025. Findings include: 1. The lab policy titled "Quality Assurance Program", approved by the Laboratory Director 02/17/2025 was reviewed. It failed to include monitoring of pre-analytic, analytic, and post-analytic systems. 2. Electronic communication with the Laboratory Director on 06/06/2025 at 12:54 p.m. confirmed the above.</p> |