

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0261884	(X3) Date Survey Completed 04/28/2021
Name of Provider or Supplier Dermatology Specialists Of Georgia, Llc	Street Address, City, State 658 N Chase Street Suite 102, Athens, GA	
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	On May 20, 2021 an off site followup review was completed. The report revealed that corrective action was found to be acceptable and corrected. The facility is now in compliance with with all regulations surveyed.
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 laboratory records review and interview with the Laboratory Director(LD), the laboratory failed to establish a written quality assessment plan (QA) to monitor, assess, and correct problems in the laboratory. The laboratory did not have a written quality assessment policy that encompasses all of the laboratory's technical and non-technical functions. The findings include: 1. The laboratory failed to have a QA plan to assess specimen identification and integrity, complaint investigations, communications with providers, personnel competency, and peer review performance for the laboratory in 2019, 2020, and 2021. 2. The laboratory did not have a written QA policy, at the time of survey. 3. During an interview with the LD on April 28, 2021 at 11:45 AM in a back office, confirmed that the laboratory did not have a written and established QA policy for the laboratory in 2019, 2020, and 2021.</p>
D5449	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must--</p>

At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.

This STANDARD is not met as evidenced by:

Based on laboratory document review and interview with the Laboratory Director (LD), the laboratory failed to document all quality control (QC) for laboratory KOH procedures as required. Findings include: 1. Laboratory document review revealed the lack of peer review documentation for KOH (Potassium Hydroxide) in 2019, 2020, and 2021. 2. During an interview with the LD on April 28, 2021 in an office, at approximately 11:30 AM confirmed the lack of peer review for KOH in years 2019, 2020, and 2021.