

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0670947	(X3) Date Survey Completed 05/12/2022
Name of Provider or Supplier Marietta Dermatology Associates Pa	Street Address, City, State 111 Marble Mill Road, Marietta, 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	A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on May 12, 2022. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited:
D5217	<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 Testing Personnel (TP) document review and staff interview, the laboratory failed to verify at least twice annually, the accuracy of testing performed for Moh's. Findings include: 1. TP document review revealed there were no twice annual peer reviews performed on the Clinical Consultant's (CMS 209) for Moh's testing in 2020 and 2021 for Moh's lab #1. 2. TP document review revealed there were no twice annual peer review performed on the Clinical Consultant's (CMS 209) for Moh's testing in 2022 thus far for Moh's lab #2. 3. During an interview with TP#5 (CMS 209) in the Moh's#1 laboratory on May 12, 2022 at 11:00 AM, it was confirmed the lack of peer review was performed for Moh's testing.</p>
D6079	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(a)(b)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, record and report test results promptly, accurately and proficiently, and for assuring compliance with the applicable regulations. (a) The laboratory director, if qualified, may perform the duties of the technical supervisor, clinical</p>

consultant, general supervisor, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications under 493.1447, 493.1453, 493.1459, and 493.1487 respectively. (b) If the laboratory director reapportions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed.

This STANDARD is not met as evidenced by:

Based on laboratory competency document review and staff interview with the Moh's Technician, the Laboratory Director(LD) failed to perform annual competency on all testing personnel (TP). The Findings include: 1. Laboratory competency review revealed the LD failed to perform an annual competency for the Clinical Consultant (CC) and testing personnel (TP). 2. During an interview with the Moh's Technician TP#5(CMS 209) on May 12, 2022 at 11:00 AM, in the Mohs Laboratory #1, confirmed the LD failed to perform annual competencies on all required personnel.