

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0670947	<b>(X3) Date Survey Completed</b>  03/11/2026
<b>Name of Provider or Supplier</b>  Marietta Dermatology Associates Pa	<b>Street Address, City, State</b>  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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on March 11, 2026. 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:
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 proficiency testing (PT) document review from American Society of Dermatopathology for the years of 2024 -2025 and an interview with the Laboratory Director (LD), the laboratory failed to verify at least twice annually the accuracy of all tests or procedures performed. Findings include: 1. PT document review for the year of 2025 revealed there was no PT performed for the 2025 2nd PT event. 2. An interview with the LD (CMS 209) in the conference room on 3/11/26 at 10:30 a.m., confirmed the lack of PT participation for the 2025 2nd PT Event.</p>
<b>D5411</b>	<p><b>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT</b> CFR(s): 493.1252(a)</p> <p>(a) Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253.</p> <p>This STANDARD is not met as evidenced by:</p>

	<p>Based on review of the maintenance documents and staff interview, the lab failed to calibrate the volumetric pipettes as required by CLIA regulations. Findings include: 1. A review of the pipette maintenance documents revealed the volumetric pipettes were last calibrated on March 2, 2023. . 2. Interview with TP #12 (CMS 209 page 1) on 3/11/26 , in the lab at 1:25 PM, confirmed the pipettes had not been calibrated since March 2, 2023.</p>
<p><b>D6054</b></p>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Thereafter, evaluations must be performed at least annually</p> <p>This STANDARD is not met as evidenced by: Based on review of testing personnel (TP) documents and staff interview , the technical consultant failed to perform annual competency on all Mycology testing personnel. Findings: 1. Review of the Mycology TP competency documents, for year 2024, revealed 2 of 20 TP (CMS 209) did not have a record of annual competency performed, TP #5 (CMS 209 page 1) and TP #10 (CMS 209 page 2). 2. Review of the Mycology TP competency documents, for 2025, revealed 19 of 20 TP (CMS 209) did not have a record of annual competency performed. TP #10 (CMS 209 page 2) had 2025 competency documented. 3. Interview with the clinical supervisor, on 3/11/26, at 2 pm, in the conference room confirmed the aforementioned findings.</p>
<p><b>D6127</b></p>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1451(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of testing personnel (TP) competency documents and an interview with the lab director, the technical supervisor failed to perform semi-annual competency on all high complexity testing personnel within the first year of testing. Findings: 1. Review of the TP competency documents revealed TP #13 (CMS 209 page1) did not have a documented semi-annual (6 month) competency for September 2025. 2. Interview with the lab director on 3/11/26 at 1:45 pm in the conference room confirmed the aforementioned finding.</p>