

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0679766	(X3) Date Survey Completed 02/18/2026
Name of Provider or Supplier Forefront Dermatology, Sc	Street Address, City, State 5505 Peachtree Dunwoody Road, Atlanta, 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 February 18, 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:
D3011	<p>FACILITIES CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on observation during the laboratory tour, the laboratory failed to store staining reagents in a flammable storage cabinet and failed to maintain the eyewash station in an appropriate location. Findings: 1. During the laboratory tour conducted on February 18, 2026, at 12:15 p.m., staining reagents were observed being stored in a standard cabinet under the counter. The eyewash station was observed positioned on a dirty sink. 2. Interview with the Clinical Team Lead and staff in the MOHS laboratory on February 18, 2026, at 12:20 p.m. confirmed the storage of the staining reagents in a standard cabinet and the improper eyewash placement.</p>
D5403	<p>PROCEDURE MANUAL CFR(s): 493.1251(b)</p> <p>(b) The procedure manual must include the following when applicable to the test procedure: (b)(1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (b)(2) Microscopic examination, including the detection of inadequately prepared slides. (b)(3) Step-by-</p>

step performance of the procedure, including test calculations and interpretation of results. (b)(4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (b)(5) Calibration and calibration verification procedures. (b)(6) The reportable range for test results for the test system as established or verified in 493.1253. (b)(7) Control procedures. (b)(8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (b)(9) Limitations in the test methodology, including interfering substances. (b)(10) Reference intervals (normal values). (b)(11) Imminently life-threatening test results, or panic or alert values. (b)(12) Pertinent literature references. (b)(13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (b)(14) Description of the course of action to take if a test system becomes inoperable.

This STANDARD is not met as evidenced by:

Based on review of the Standard Operating Procedure (SOP) and staff interview, the Laboratory Director (LD) failed to ensure that an approved Downtime Procedure was available. Findings include: 1. Review of the SOP revealed that the LD did not provide an approved Downtime Procedure for 2024, 2025, 2026 to date. 2. Interview with the Clinical Team Lead in the clinic breakroom on February 18, 2026, at 11:10 a.m. confirmed that an approved Downtime Procedure was not included in the SOP.

D6029

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1407(e)(11)

(e)(11) Ensure that prior to testing patients specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results;

This STANDARD is not met as evidenced by:

Based on review of personnel records and interview with the Clinical Team Lead, the Laboratory Director failed to document the initial training for all Testing Personnel (TP). Findings: 1. Review of personnel records revealed that documentation of initial training was missing from the personnel file of TP #4 (CMS-209). No initial training documentation was available for review. 2. Interview with the Clinical Team Lead in the clinic breakroom on February 18, 2026, at 11:10 a.m. confirmed that documentation of initial training for TP #4 (CMS-209) was not available for review.

D6030

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1407(e)(12)

(e)(12) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills;

This STANDARD is not met as evidenced by:

Based on review of personnel records and interview with the Clinical Team Lead, the Laboratory Director failed to document the annual competency for all Testing Personnel (TP). Findings: 1. Review of Testing Personnel records revealed that 1 of 4 testing personnel did not complete the required annual competency for Ectoparasite testing in 2025. Annual competency for Ectoparasite testing on TP #2 (CMS-209) was not performed in 2025. 2. Interview with the Clinical Team Lead in the clinic breakroom on February 18, 2026, at 11:10 a.m. confirmed that annual competency for Ectoparasite testing for TP #2 (CMS-209) was not performed during the aforementioned year.