Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D0705493	05/03/2022
Name of Provider or Supplier	**Street Address, City, State**	
Peachtree Dermatology Associates	371 East Paces Ferry, Ne, Suite 900, 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 May 3,, 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:
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on review of the One World Accuracy (OWA) Proficiency Testing (PT) documents and staff interview, the laboratory was not able to show that the attestation statments for 2020, Speciality of Microbiology, Potassium Hydroxide (KOH) were signed before submitting the results. Findings: 1. Review of the OWA PT documents from the 1rst, 2nd, or 3rd events of 2020, KOH testing, the laboratory had no documentation that the Attestation Statement form for was signed. 2. Staff interview with the Compliance Officer, Practice Administrator, and the Laboratory Director, on May 3, 2022, at approximately 1:15 pm, in the Practice Administrator's office, confirmed the aforementioned statement.
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a

	laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on review of the Proficiency Testing (PT) documents from One World Accuracy PT Provider, and staff interview, the laboratory failed to submit PT results for the year 2020, 2nd event for KOH slides. Reference: D2039
D2039	MYCOLOGY CFR(s): 493.827(b) Failure to participate in a testing event is unsatisfactory performance and results in a score of 0 for the testing event. Consideration may be given to those laboratories failing to participate in a testing event only if-- (1) Patient testing was suspended during the time frame allotted for testing and reporting proficiency testing results; (2) The laboratory notifies the inspecting agency and the proficiency testing program within the time frame for submitting proficiency testing results of the suspension of patient testing and the circumstances associated with failure to perform tests on proficiency testing samples; and (3)The laboratory participated in the previous two proficiency testing events. This STANDARD is not met as evidenced by: Based on review of the Proficiency Testing (PT) documents from One World Accuracy PT provider, and staff interview, the laboratory failed to submit results for evaluation in 2020, 2nd event or provide an acceptable plan of correction for the Speciality Mycology, Potassium Hydroxide (KOH) testing. Findings: 1. Review of the PT documets from One World Accuracy PT provider, the laboratory failed to submit results for the 2nd Event for tyear 2020, resulting in a score of 0%. 2. Review of the PT documents from One Work Acuracy PT provider confirmed there was no corrective action documentation for the 2nd event for year 2020, Specialty Microbiology, KOH testing for the 0% score received. 3. Interview with the Practice Administrator, and the Compliance Officer, on 5/03/2022 at approximately 11:45 am, and the Laboratory Director at approximately 1:13 pm, in the Practice Adminstrator's office, confirmed the aforementioned statement.
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.

	This STANDARD is not met as evidenced by: Based on review of the One World Accuracy (OWA) Proficiency Testing (PT) documents and staff interview, the laboratory was unable to provide documents to confirm the three PT events in 2020, for the Specialty of Microbiology , Potassium Hydroxide (KOH) were reviewed or evaluated for accuracy. Findings: 1. A review of laboratory documents confirmed that there was no documentation to support that the OWA PT documents, for the three events in 2020, Specialty Microbiology- KOH, were reviewed or evaluated for accuracy. 2. Staff interview with the Compliance Officer, Practice Administrator, and the Laboratory Director on May 3, 2022, at approximately 1:15 pm, in the Practice Administrator's office, confirmed the aforementioned statement.
D6017	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(ii) 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, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(ii) Ensure that results are returned within the timeframes established by the proficiency testing program. This STANDARD is not met as evidenced by: Based on review of the Proficiency Testing (PT) OneWorld Accuracy PT provider documents and staff interview the Laboratory Director failed to insure the results for the 2nd event of 2020, Specialty Microbiology Potassium Hydroxide (KOH) were submitted within the timeframe established by the PT provider. Findings: 1. Review of the PT documents from One World Accuracy PT provider for the 2nd event in 2020, KOH, the laboratory failed to submit PT testing data, which resulted in a score of 0% by the PT provider. 2. Staff interview with the Compliance Officer and Practice Administrator, on 5/03/2022 at approximately 11:45 am, in the Practice Administrator's office, and the Laboratory Director, at approximately 1:13 pm , in the Practice Adminsitrator's office, confirmed the aforementioned statement.