

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1028618	(X3) Date Survey Completed 04/30/2024
Name of Provider or Supplier Dermatology Consultants Pc	Street Address, City, State 4151 Hospital Drive, Covington, 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 recertification survey was performed on April 30, 2024. The facility was found to be NOT in compliance with all applicable CLIA requirements for specialties /subspecialties for 42 CFR.
D5413	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by: Based on observation, document review, and staff interview, the laboratory failed to ensure the relative humidity (RH %) was monitored and documented as required by the Leica CM 1510S manufacturer. Findings: 1. Observation during the laboratory tour on 4/30/24 at 1:25 p.m. revealed the lack of a hygrometer in the laboratory. 2. Review of the RH logs revealed the lab failed to monitor and document the RH % on the days of testing from 6/1/21 to 4/30/24 (185 of 185 days). 3. Interview with the MOHS technician in the laboratory on 4/30/24 at 1:25 p.m. confirmed the RH % was not monitored or documented for the aforementioned dates.</p>