Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D2062724	(X3) Date Survey Completed 10/10/2018
Name of Provider or Supplier Dermatology Associates Of Georgia, Llc	**Street Address, City, State** 2061 Peachtree Road, Suite 400, 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 October 10, 2018. 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:
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 surveyor review of proficiency test (PT) records and interview with the clinical manager, the laboratory director failed to review and evaluate the results of the American Academy of Family Physicians (AAFP) proficiency tests for the specialty of Microbiology in 2017 and 2018. The findings include: 1. PT documents review revealed no evidence that the Microbiology AAFP proficiency tests were reviewed and evaluated by the Laboratory Director for testing events: AAFP PT 2017-A, AAFP 2017-B, AAFP PT 2017-C and AAFP PT 2018-A, AAFP PT 2018-B . 2. An interview with the facility's clinical manager on October 10, 2018 at approximately 12:20 PM in the conference room confirmed the laboratory director did not review the above AAFP PT evaluation forms.
D6046	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8) (b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.

	This STANDARD is not met as evidenced by: Based on review of personnel competency assessment records and an interview with the clinical manager, the laboratory failed to include the six required competency assessment criteria when evaluating annual competency on testing personnel for the specialty of Histopathology. The findings include: 1. Review of testing personnel (TP # 3, CMS 209) competency assessment records for 2017 and 2018 revealed the assessment did not include the six competency assessment criteria required by CLIA. 2. An interview with the laboratory's clinical manager in the conference room on October 10, 2018 at approximately 12:25 PM confirmed that annual competency assessment for testing personnel (TP# 3 CMS 209) did not contain the six required criteria by CLIA.