Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D2062724	(X3) Date Survey Completed 04/24/2023
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 April 24, 2023. 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:
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on review of the American Academy of Family Physicians (AAFP) Proficiency Testing (PT) documents for 2021 for Mycology Skin Scraping, and staff interview, the laboratory failed to provide evaluation documentation. The Findings include: 1. A review of the AAFP-PT Mycology 2021 evaluation report for event C, the laboratory failed to provide corrective action documentation for the Skin scraping (0%). 2. During an interview with the On-site Coordinator on April 24, 2023, at 3:30 PM, in the breakroom, confirmed the findings above.
D6018	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii) 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)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;

	This STANDARD is not met as evidenced by: Based on document review and staff interview, the laboratory director failed to review and evaluate Proficiency Testing results (PT) for corrective action. The Findings include: 1 American Academy of Family Physicians (AAFP) PT document review revealed the laboratory director failed to ensure review and evaluation of the PT for corrective action. 2. During an interview with the On-site Coordinator on April 24, 2023 at 3:30 PM, in the breakroom, confirmed the laboratory director failed to review or evaluate PT for corrective action.