

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  15D2140806	<b>(X3) Date Survey Completed</b>  09/30/2025
<b>Name of Provider or Supplier</b>  Dermatology Associates, Pc	<b>Street Address, City, State</b>  374 Northside Drive, Suite F, Batesville, IN	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on documentation review and interview, the facility failed to perform twice annual verification on Mohs micrographic surgery (Mohs) testing for one (2024) of two years evaluated and two (Pt#1 and Pt#3) of seven patients reviewed. Findings include: 1. A review of the facility's proficiency testing for 2024 document titled, "Proficiency Comparison Studies", indicated one case was compared on 4/5/2024. 2. Review of patient records indicated the following patients had MOHS slides reviewed without proficiency testing twice annual verification being performed in 2024: Patient Date of Testing Pt#1 6/4/24 Pt#3 8/20/24 3. In an interview at 12:30 pm on 09/30/2025, E1 (Office Manager) confirmed that one case study was performed for proficiency comparison studies in 2024. E2 also confirmed that the facility did not have a written policy for proficiency testing twice annual verification. 4. In an interview at 2:45 pm on 09/30/2025, E2 (Laboratory Director) confirmed that one case study was performed for proficiency comparison studies in 2024. E2 also confirmed that the facility did not have a written policy for proficiency testing twice annual verification, or a contract for comparison studies. 5. Annual test volume for Mohs is 150.</p>