

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D2313355	(X3) Date Survey Completed 09/23/2026
Name of Provider or Supplier Iowa Dermatology Clinic, Plc	Street Address, City, State 6800 Lake Dr Ste 285, West Des Moines, IA	
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
D6128	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9) (b)(9) Thereafter, evaluations must be performed at least annually unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individuals performance must be reevaluated to include the use of the new test methodology or instrumentation. This STANDARD is not met as evidenced by: Based on review of laboratory personnel records, the Laboratory Personnel Report, and confirmed by interview with the Laboratory Director identifier #1 (LD #1) at 9:03 am on 9/23/26, the technical supervisor failed to document annual competency assessments for three out of three testing personnel who performed high complexity gross specimen examinations in 2025. The findings include: 1. LD #1 confirmed that testing personnel identifiers #2, #3, and #4 all performed gross specimen examinations. 2. LD #1 confirmed at the time of the survey, the laboratory did not document the 2025 annual competency assessments for testing personnel identifiers #2, #3 and #4.