

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D1089854	(X3) Date Survey Completed 02/05/2026
Name of Provider or Supplier Dermasurgery Center Llc, The	Street Address, City, State 6411 Perkins Rd, Ste 100, Baton Rouge, LA	
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 at Derma, LLC, CLIA ID 19D1089854, on February 5, 2026. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5217	<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 review of the laboratory's policies, records, test menu, and interview with personnel, the laboratory failed to verify the accuracy of Mycology testing at least twice annually as required for 2025. Findings: 1. Review of the laboratory's "Proficiency Testing Standard for PPM" policy revealed "Slides are chosen at random for biannual review. The physician reviews the the slides and indicates the result on the KOH Proficiency Review QA Form. A separate physician will also review the slides and indicate if the {sic} agree or disagree with the initial result." 2. Review of the 2025 "KOH Proficiency Review QA" form for 2025 revealed the laboratory did not perform at least twice annually. The laboratory performed once, August 19, 2025. 3. In interview on February 5, 2026 at 9:43 am, Technician 1 stated the Nurse Practitioner performed one proficiency sample for 2025. Technician 1 confirmed the laboratory did not verify the accuracy of Mycology testing at least twice annually for 2025. 4. Review of the laboratory's test menu revealed the laboratory performs fifty (50) KOH preps (Mycology testing) annually.</p>
D6014	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(3)(iii)</p> <p>(e)(3)(iii) Laboratory personnel are performing the test methods as required for</p>

accurate and reliable results;

This STANDARD is not met as evidenced by:

Based on record review and interview with personnel, the Laboratory Director failed to ensure the laboratory personnel performed test methods as required. Refer to D5217.