Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	24D0992852	04/21/2026
Name of Provider or Supplier	**Street Address, City, State**	
Centracare Clinic- Plaza Dermatology	1900 Centracare Circle Suite 2575, Saint Cloud, MN	

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	The Centracare Clinic - Plaza Dermatology laboratory was found to be out of compliance with the regulations of the Clinical Laboratory Improvement Amendments of 1988 (42 C.F.R. part 493) upon completion of the recertification survey performed on April 21, 2026. The following standard-level deficiencies were cited: 493.1236 Evaluation of proficiency testing performance 493.1407 Laboratory director responsibilities .
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: . Based on document review and interview with laboratory personnel, the laboratory failed to perform and document testing accuracy verification activities for two of three provider performed microscopic examinations at least twice annually in 2024 and 2025. Findings are as follows: 1. The laboratory performed parasite and virus provider performed microscopic examinations under the specialty of Microbiology as confirmed by the Histotechnician during a tour of the laboratory at 1:15 p.m. on 04/21 /26. 2. Twice annual verification of testing accuracy requirements for Scabies parasite preparations (S), and Tzanck virus preparations (T) were established in the Lab Quality Assurance Program policy and procedure found in the CLIA Quality Control manual. 3. Parasite and virus microscopic examination verification of testing accuracy documentation was not found during review of 2024 and 2025 laboratory records. The laboratory was unable to provide the missing documentation upon request. 4. The laboratory's KOH Logbook patient testing log found in the KOH Logbook manual indicated patient samples received microscopic examinations for parasites in 2024 and 2025. See below. 2024 Test Number of patients S 4 T 0 2025 Test Number of patients S 6 T 0 5. In an interview at 3:05 p.m. on 04/21/26, the Director of Ambulatory

	Services confirmed the above finding. *This is a repeat deficiency from the 03/28/22 and 02/22/24 recertification surveys.*
D6020	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5) (e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur; This STANDARD is not met as evidenced by: . Based on document review and interview with laboratory personnel, the Laboratory Director failed to ensure established quality assurance procedures were followed in 2024 and 2025. Findings are as follows: 1. The laboratory performed microscopic examinations for parasites and viruses under the specialty of Microbiology as confirmed by the Histotechnician during a tour of the laboratory at 1:15 p.m. on 04/21 /26. 2. Twice annual verification of testing accuracy requirements for Scabies parasite preparations (S), and Tzanck virus preparations (T) were established in the Lab Quality Assurance Program policy and procedure found in the CLIA Quality Control manual. 3. The twice annual verification of parasite and virus testing accuracy policy was not followed in 2024 and 2025. See D5217. 4. This finding is a repeat deficiency from the 03/28/22 and 02/22/24 recertification surveys. 5. In an interview at 3:05 p.m. on 04/21/26, the Director of Ambulatory Services confirmed the above finding. .