Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D2304271	07/16/2026
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology & Dermatologic Surgery, Ltd	1001 Health Park Drive, Suite 470, Brentwood, TN	

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
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 a review of the laboratory policies, patient test records, proficiency testing logs, lack of records, and staff interviews, the laboratory failed to perform twice-annual verification of accuracy for dermatopathology biopsy slide interpretation two of three times in 2024 and 2025, with an estimated annual test volume of 500 patient tests. The findings include: 1. A review of the laboratory policy titled "Proficiency Testing" revealed that "Proficiency testing must be done twice a year, 3-5 specimens each time." The laboratory director noted in the policy that the laboratory "would be resuming challenges in December 2024". 2. A review of the patient test records revealed that patient dermatopathology slide interpretations had been performed as follows: - Patient 11460594 on 12/09/24 - Patient 15802365 on 11/03/25 3. A review of the laboratory verification of accuracy logs titled "Pathologist Quality Control Case Review:" revealed that 10 cases were submitted for 2025 review on 11/01/2025, and 10 cases were submitted for 2026 review on 06/18/2026. 4. There was no documentation of cases submitted for verification of accuracy in December 2024, as stated in the policy, or for a second date in 2025. 5. The laboratory director confirmed the survey findings in an interview on 07/16/2026 at 10:50 a.m. .
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 a review of the laboratory's twice-annual verification of accuracy reports and staff interview, the laboratory failed to document review of two of two verification of accuracy reports in 2025 and 2026. The findings include: 1. A review of the laboratory's twice-annual verification of accuracy reports revealed no documentation of review after the results were received for the events dated 11/01 /2025 and 06/18/2026. 2. The laboratory director confirmed the survey findings in an interview on 07/16/2026 at 10:50 a.m.