

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 49D0225155	<b>(X3) Date Survey Completed</b> 03/08/2018
<b>Name of Provider or Supplier</b> Dermatology Associates Inc	<b>Street Address, City, State</b> 1514 Amherst Street, Winchester, VA	
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>D0000</b>	An announced CLIA recertification survey was conducted at Dermatology Associates, INC on March 8, 2018 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Specific deficiencies cited are as follows:
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 a review of the Centers for Medicare and Medicaid Services Laboratory Personnel Report form (CMS 209), laboratory's procedures, Potassium Hydroxide (KOH) Preparation (Prep) logs, and an interview, the laboratory failed to confirm the accuracy of the KOH Prep test results twice a year in 2016 for five (5) of five (5) testing personnel . Findings include: 1. Review of laboratory's CMS 209: Personnel Report revealed five (5) testing personnel (TP). 2. Review of the laboratory's procedure manual revealed a written policy that states, ""KOH log includes patient information including two of three identifiers, physicians first initial and last name, specimen collection date and time, results, and place for slide peer review." 3. Review of the laboratory's 2016 KOH Prep logs revealed five (5) testing personnel (TP) reported patient results and that the laboratory documented one peer review accuracy check on 2/17/16 for TP A. The inspector requested additional documentation of peer review accuracy checks in 2016. No documentation was available for review for the following five (5) personnel: TP A, TP B, TP C, TP D, TP E. (See Personnel Code Sheet.) 4. An interview with the office practice manager at approximately 12:30 PM confirmed that the laboratory failed to confirm the accuracy of the KOH Prep test results twice a year in 2016.</p>