

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D0953493	(X3) Date Survey Completed 09/02/2026
Name of Provider or Supplier Adov Llc	Street Address, City, State 7813 Shrader Road, Richmond, VA	
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	An announced CLIA recertification survey was conducted at Elevate Dermatology and Plastic Surgery on September 2, 2026 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. Elevate Dermatology and Plastic Surgery was not in compliance with the applicable Conditions and Standards under 42 CFR part 493 CLIA Regulations. Specific deficiencies are as follows:
D2014	TESTING OF PROFICIENCY TESTING SAMPLES (b)(6) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. This STANDARD is not met as evidenced by: Based on a review of laboratory proficiency testing (PT) documentation, policy and procedures, and interviews, the laboratory failed to retain laboratory director (LD) signed PT attestation sheets for three (3) of four (4) PT events reviewed. Findings include: 1. Review of the laboratory's PT documentation revealed the laboratory participates in American Association of Bioanalysts-Medical Laboratory Evaluation (AAB-MLE) PT as Account Number 17169 for Potassium Hydroxide (KOH) microscopy test. Review of the available documentation for the lab's 4 AAB-MLE PT events (2025 M2, 2025 M3, 2026 M1, and 2026 M2) revealed no retention of laboratory director (LD) signed PT attestation sheets for the following three events: AAB-MLE M3 2025, AAB-MLE M1 2026, and AAB-MLE M2 2026. 2. When asked about a PT policy at 10:00 AM, the manager provided Proficiency Testing policy

	whose procedure includes "results will be recorded on the provided report form, which will be signed by the testing personnel and the director." 3. In an exit interview with the manager at 11:05 AM on 9/2/26, the above findings were confirmed.
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 laboratory proficiency testing (PT) documentation, policy and procedures, and interviews, the laboratory failed to document PT result evaluations with laboratory director (LD) signature of review for four (4) of four PT events reviewed. Findings include: 1. Review of the laboratory's PT documentation revealed the laboratory participates in American Association of Bioanalysts-Medical Laboratory Evaluation (AAB-MLE) PT as Account Number 17169 for Potassium Hydroxide (KOH) microscopy test. Review of the available PT documentation for the 4 AAB-MLE events (2025 M2, 2025 M3, 2026 M1, and 2026 M2) revealed no PT result evaluations signed by the LD for all 4 PT events. 2. When asked about a PT policy at 10:00 AM, the manager provided a Proficiency Testing policy whose procedure includes "The graded report will be reviewed immediately and submitted to the director and/or technical consultant for review." 3. In an exit interview with the manager at 11:05 AM on 9/2/26, the above findings were confirmed.
D6091	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iii) (e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action; and This STANDARD is not met as evidenced by: Based on a review of laboratory's proficiency testing (PT) documentation, on-line proficiency testing results, corrective action forms, and interview, the laboratory director (LD) failed to ensure performance and documentation of remedial/corrective action for one (1) unsatisfactory Potassium Hydroxide microscopy PT event out of 4 PT events reviewed. Findings include: 1. Review of the laboratory's PT documentation revealed the laboratory participates in American Association of Bioanalysts-Medical Laboratory Evaluation (AAB-MLE) PT as Account Number 17169 for the Potassium Hydroxide (KOH) microscopy test. Review of the PT documentation for the 4 AAB-MLE events (2025 M2, 2025 M3, 2026 M1, and 2026 M2) revealed no PT result evaluation retained for 2025 AAB-MLE M2. 2. Review of the AAB-MLE on-line PT results (https://www.aab-mle.org) for the lab account revealed an unsatisfactory score of 50% for KOH on event 2025 M2. 3. Review of the laboratory's quality documentation revealed a Corrective action form whose policy section for Remedial Action states "situations not resolved by a simple repeat analysis will be reviewed by the Lab Director to assure that appropriate corrective action was taken and proper procedures were followed. A corrective action form will be filled out." There were no completed corrective action forms for calendar year 2025. 4. In an exit interview with the manager at 11:05 AM on 9/2/26, the above findings were confirmed.