

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  07D0999882	<b>(X3) Date Survey Completed</b>  01/07/2020
<b>Name of Provider or Supplier</b>  Skincare Physicians Of Fairfield County, Llc	<b>Street Address, City, State</b>  2890 Main St, Stratford, CT	
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>D5217</b>	<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 record review and staff interview, the laboratory failed to verify the accuracy bi-annually for MOHS micrographic surgery procedures in the subspecialty of histopathology. Findings include: 1. Record review of the laboratory's 2018 and 2019 proficiency testing and verification records on 1/7/2020 revealed the laboratory did not have biannual verification for accuracy of histopathology interpretation for 1 of 1 MOHS personnel. 2. Phone interview with the technical supervisor on 1/7/2020 at 9:55 AM confirmed the above finding and personnel were not assessed. 3. The laboratory performs 95 MOHS procedures annually.</p>