

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D1033034	(X3) Date Survey Completed 11/07/2018
Name of Provider or Supplier Central Connecticut Dermatology	Street Address, City, State 499 Farmington Ave, Ste 230, Farmington, CT	
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	<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 observation, record review and staff interview, the laboratory failed to provide documentation for biannual accuracy verification for Mohs and frozen sections in the subspecialty of histopathology. Findings include: 1. Observation of the laboratory documentation on 11/7/18 at 1:30 PM revealed the laboratory lack the biannual accuracy verification for Mohs and frozen sections in 2017. 2. Record review of the laboratory's procedure on 11/7/18 revealed slides are sent out for review of accuracy biannually. 3. Staff interview with laboratory manager on 11/7/18 at 1:30 PM confirmed the above findings. 4. The laboratory performs 510 histopathology test annually.</p>