

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D2147067	(X3) Date Survey Completed 05/14/2024
Name of Provider or Supplier Connecticut Dermatology Group	Street Address, City, State 600 West Putnam Ave, Greenwich, 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
D5893	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(b)(c)</p> <p>(b) The postanalytic systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of postanalytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all postanalytic systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to implement appropriate corrective action to prevent recurrence when errors were identified in the subspecialty of histopathology. Findings include: 1. Record review on 05/14/2023 of the 'Quality Assurance Tracker Log' revealed the following corrected reports: a. 2023: 6 of 6 corrected reports for 'Incorrect MOHS case number in operative note'. b. 2024: 7 of 7 corrected reports for 'Incorrect MOHS case number in operative note'. c. Lack of documentation of corrective action and staff retraining to prevent the recurrence. 2. Staff interview on 05/14/2024 at 11:30 AM with the laboratory office manager confirmed the above findings. 3. The laboratory performs 198 MOHS cases annually in the subspecialty of histopathology.</p>