

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D2235992	(X3) Date Survey Completed 01/19/2024
Name of Provider or Supplier New Preston Dermatology	Street Address, City, State 18 East Shore Rd, New Preston, 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
D5781	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to follow their policies and procedures and document corrective action when room temperature was outside of the acceptable range in the subspecialty of histopathology. Findings Include: 1. Record review on 01/19/2024 of the laboratory's 'Quality Assurance' standard operating procedure revealed 'record keeping is reviewed on a monthly basis to ensure adherence to all policies. Any deviations will be noted, and corrective action will be taken.' 2. Record review on 01/19/2024 of the laboratory's 'Monthly Q&A Checklist' for January 2023 through December 2023 revealed the following completed tasks: a. 'When humidity or temperature checks were out of acceptable range, corrective action was taken and documented.' b. Signed as reviewed by the laboratory technician monthly. 3. Record review on 01/19/2024 of the laboratory's 'Temperature and Humidity Log' for January 2023 through January 2024 revealed the following: a. The acceptable room temperature range is 68 to 78 degrees Fahrenheit. b. Lack of documentation of corrective action for 28 of 85 working days when room temperature was outside of the acceptable range in 3a above. 4. Staff interview on 01/19/2024 at 10:00 AM with the laboratory director confirmed the above findings. 5. The</p>

laboratory performs 80 MOHS procedures annually in the subspecialty of histopathology.