

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0216260	(X3) Date Survey Completed 09/23/2024
Name of Provider or Supplier University Of Maryland Dermatologists Pa	Street Address, City, State 419 W Redwood Street Suite 260, Baltimore, MD	
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
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p> <p>This STANDARD is not met as evidenced by: Based on review of the patient slides, standard operating procedure (SOP), quality assessment (QA) documentation and interview with the histology tech (HT), the laboratory director (LD) did not ensure that the HT's were labeling the slides as defined in the SOP, the QA records were documented with the date of review, and that the HT's that substituted had been given updated orientation instructions prior to preparing Moh's slides. Findings: 1. Patient slides were reviewed to verify that they were labeled per the instructions in the SOP. The patient slide log showed that there had been 4 different HT's employed in the laboratory since the previous survey on 05/23/2023. Review of the slides showed that two of the four HT's failed to include the first name of the patient and the site location on 12 sets of patient slides. 2. The quarterly QA reviews since the previous survey on 05/23/2023 were reviewed. The documentation showed that LD had initiated the worksheet but there were no dates for each review showing that the review had been performed in a timely manner. 3. The credentials and competency reviews for the four HT's that had been preparing slides since the previous survey on 05/23/2023 were reviewed. The records showed that two of the four had competencies documented in 2021 and one of the four did not have any competency records. The competency records were not current for three of the four HT's preparing slides for review. 4. During the survey on 09/23/2024 at 10:45 AM, the HT confirmed that the slides were not labeled correctly, quarterly QA reviews had not been documented with the date of review, and competencies were not current for three of four HT's.</p>