

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0687310	(X3) Date Survey Completed 04/17/2019
Name of Provider or Supplier Ronald N Shore Md	Street Address, City, State 4701 Randolph Road Ste 207, Rockville, 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
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Based on procedure manual and specimen log review and interview with the laboratory director (LD), the laboratory did not ensure that the date of interpretation of dermatophyte testing and final patient result was recorded on the patient testing log. Findings: 1. The laboratory utilizes a past plan of correction from a prior laboratory survey as part of its procedure manual. The procedure states that "The date the specimen interpretation is made will be noted, and whether it is positive or negative." 2. A review of "Patient Test Results Log, Fungal Culture Media" worksheets from August, 2017 to April, 2019 showed that patient results were not documented 2 out of 138 times; and 3. The date that the dermatophyte test was interpreted was not documented 14 out of 138 times. 4. During an interview on 4/17/19 at 9:45 AM, the LD confirmed that all patient results and dates of dermatophyte test interpretation were not documented on the patient log.</p>