

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D1072918	<b>(X3) Date Survey Completed</b>  05/31/2019
<b>Name of Provider or Supplier</b>  Advanced Dermatology Of Maryland	<b>Street Address, City, State</b>  10153 York Rd Suite 104, Cockeysville, MD	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D6094</b>	<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 patient medical records and interview with the laboratory director (LD), the LD failed to ensure that quality assurance procedures were performed to identify problems in the analytic and post analytic phases of Histopathology patient testing Findings: 1. On February 11, 2019 two patients were processed for MOHS testing with incorrect case numbers documented in the log book. 2. Patient "A" MOHS case number in the log book was 19M041 on the MOHS map, slides, and patient final report the MOHS case number was 19M042. 3. Patient "B" MOHS case number in the log book was 19M042 on the MOHS map, slides, and patient final report the MOHS case number was 19M043 4. The LD stated that she not aware of error with Patient "A" and Patient "B" because the tech stated the error was for two other patients with incorrect MOHS case numbers. 5. The LD confirmed that Patient "A" and Patient "B" had incorrect MOHS case numbers documented in the log book.</p>