

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0698445	(X3) Date Survey Completed 04/10/2023
Name of Provider or Supplier Boston University Dermatology, Inc	Street Address, City, State 725 Albany Street, 8th Floor, Suite B, Boston, MA	
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
D0000	A CLIA recertification survey was conducted for the Boston University Dermatology, Inc. laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493.
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: . Based on procedure manual review and staff interview with the Administrative Director (AD), the new Laboratory Director (LD) failed to approve, sign, and date the laboratory policies and procedures as evidenced by the following: The surveyor reviewed the clinical laboratory policies and procedures manual on 4/10/2023. The review revealed that the new LD had not documented a review and approval of the laboratory policies and procedures manual. The AD confirmed in an interview on 4/10/2023 at 10:19 A.M. that the new LD failed to document a review and approval of the policies and procedures manual. The laboratory performs 125 Mohs surgeries annually.</p>