

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D1098830	(X3) Date Survey Completed 02/08/2019
Name of Provider or Supplier Northeast Dermatology Associates PLLC	Street Address, City, State 138 Conant St, Beverly, 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 Northeast Dermatology Associates PLLC laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493.
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to indicate on the test report the name of the laboratory where the test was performed as evidenced by the following: Surveyors reviewed six (6) Mohs test reports between 2/3/17 and 12/20/18. The review revealed the name of the laboratory on the test reports was NEDA - Beverly. The laboratory's name is Northeast Dermatology Associates, PLLC. The training manager confirmed on 2/8/19 at 3:15 PM that the test report did not indicate the name of the laboratory where the test was performed.</p>