

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D2080258	(X3) Date Survey Completed 04/30/2021
Name of Provider or Supplier Dermatology Professionals Llc	Street Address, City, State 153 East Washington St, North Attleboro, 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	
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview on 4/30/2021, the laboratory failed to verify at least twice annually procedures it performs that are not included in subpart I of this part as evidenced by the following: 1. The surveyor reviewed the laboratory's quality assurance records for twice annual Potassium Hydroxide (KOH) preparations and wet mounts for scabies for calendar years 2019 and 2020. The review revealed that laboratory did not verify accuracy twice annually for wet mounts for scabies in 2019 or 2020 and verified accuracy of KOH preparations only once on 9/24/19. 2. The laboratory's Clinical Services Program Administrator confirmed through email interview on 4/30/21 at 10:55 AM that twice annual accuracy checks for scabies wet mounts were not performed in calendar years in 2019 and 2020 and that KOH preparation accuracy checks were performed only once in calendar year 2019. 3. The laboratory performs 24 KOH/wet mounts annually. This is a repeat deficiency. .</p>