

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 30D2041961	(X3) Date Survey Completed 06/05/2024
Name of Provider or Supplier Adult And Pediatric Dermatology Pc	Street Address, City, State 55 Mill St, Ste 200, 2nd Fl, Wolfeboro, NH	
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
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory's quality assessment review of control records failed to identify histopathology control failure in November 2023. Findings include: 1. Review on 6/5/2024 of control records for histopathology slide quality from May 2022 through May 2024 revealed control slides were assessed at the beginning of each day of patient testing (1 day per week at this location). Further review revealed the control slide on 11/15/2023 was found to have unacceptable stain quality. There was no further documentation of corrective action taken. 2. Interview on 6/5/2024 at 10:40 a.m. with the Mohs Technician revealed the stain was changed and slide quality reassessed by the Mohs Surgeon on 11/15/2023 and confirmed this was not documented. 3. Review on 6/5/2024 of the quality assessment (QA) form for November 2023 revealed no indication a control failure had been identified and corrective action had been taken. 4. Interview on 6/5/2024 at 10:45 a.m. with the Regional Operations Manager confirmed the QA form did not identify the control failure and follow up with corrective action.</p>