

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 31D0106588	<b>(X3) Date Survey Completed</b> 09/11/2018
<b>Name of Provider or Supplier</b> Dermatology Group, Pc, The	<b>Street Address, City, State</b> 47 Orient Way, Rutherford, NJ	
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>D3031</b>	<p><b>RETENTION REQUIREMENTS</b> CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Accession Log and interview with the Testing Personnel (TP), the laboratory failed to retain patient test records for Mohs tests from 6/14/18 to the date of the survey. The finding includes: 1. Five out of ten Patient work records Mohs Map (MM) were not available for review. 2. The TP #3 listed on CMS form 209 confirmed at 10:45 am 9/11/18 MM was not retained.</p>