

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0113432	<b>(X3) Date Survey Completed</b>  07/11/2018
<b>Name of Provider or Supplier</b>  Westwood Dermatology	<b>Street Address, City, State</b>  390 Old Hook Road, Westwood, 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>D5291</b>	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>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 general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM), Biannual Assessment (BA) records and interview with the Testing Personnel (TP), the laboratory failed to have a written procedure for BA for the Mohs laboratory and the main Histopathology laboratory from 7/11/18 to the date of the survey. The TP#1 of CMS form 209 confirmed on 7/11/18 at 10:30 am that the laboratories did have a written procedure for BA.</p>