

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0116757	(X3) Date Survey Completed 02/27/2018
Name of Provider or Supplier Advanced Dermatology, Mohs & Laser Surgery Ctr, Pa	Street Address, City, State 20 Community Pl, Morristown, NJ	
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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Competency Assessment (CA) records and interview with the Testing Personnel (TP), the laboratory failed to perform CA correctly on one of one TP performing Histology testing from 1/29/16 to the date of the survey. The findings include: 1. The laboratory did not document how the assessment was done. 2. The TP confirmed on 2/27/18 at 1:30 pm that the CA was not performed correctly.</p>
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 surveyor review of the Test Report (TR) and interview with the Testing</p>

	<p>Personnel (TP), the laboratory failed to include the name and location of the laboratory where Mohs testing was performed on the Mohs Map from 1/29/16 to the date of the survey. The TP confirmed on 02/27/18 at 1:40 pm that the address was not on the TR.</p>
<p>D6091</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iii)</p> <p>The laboratory director must ensure all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Mohs Quality Assurance (QA) records and interview with the Testing Personnel (TP), the Laboratory Director (LD) failed to ensure QA was performed to evaluate the laboratory's performance in Histopathology testing in the calendar years 2016 and 2107. The findings include: 1. A review of the QA record revealed: a. In the calendar year 2017 no lab location was indicated on the Mohs Quality Assurance form. b. In the calendar year 2016 the lab location circled was Westfield. 2. This was cited on previous survey performed on 1/29/16 and the LD stated in the Plan of Correction he would "send slides from both labs going forward." 3. The TP confirmed on 2/27/18 at 2:00 pm that QA was not performed for the Morristown location.</p>
<p>D6106</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(14)</p> <p>The laboratory director must ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM) and interview with the Testing Personnel (TP), the Laboratory Director (LD) failed to ensure that an approved PM was available for Histology testing from 1/29/16 to the date of the survey. The finding includes: 1. The procedures found in the PM had a Westfield address. 2. The TP confirmed on 2/27/18 at 2:20 pm an approved PM was not available.</p>