

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0119315	<b>(X3) Date Survey Completed</b>  03/28/2018
<b>Name of Provider or Supplier</b>  Dermatology Center Of Washington Township Pc	<b>Street Address, City, State</b>  100 Kings Way East, Sewell, 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>D5401</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Biannual Assessment (BA) procedure, Procedure Manual (PM) and interview with the Office Manager (OM), the laboratory failed follow the BA procedure for the Calendar year 2017. The finding includes: 1. PM stated to perform BA twice a year but the laboratory performed once in calendar year 2017. 2. The OM confirmed on 3/28/18 at 10:30 am that the BA procedure was not followed.</p>