

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0122647	(X3) Date Survey Completed 10/30/2018
Name of Provider or Supplier Kuflik Dermatology Center	Street Address, City, State 150 E Kennedy Blvd, Lakewood, 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
D6091	<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 Biannual Assessment Protocol (BAP) records and interview with the Office Manager (OM), the Laboratory Director (LD) failed to evaluate the performance of Histopathology testing in the calendar years 2017 and 2018. The findings include: 1. In the calendar year 2017 there was no documentation on the BA record to ensure which physician at the practice initially diagnosed slides KL009-17, KL0015-17. 2. In the calendar year 2018 there was no documentation on the BA record to ensure which physician at the practice initially diagnosed slides KL002-18, KL0006-18. 3. The OM confirmed on 10/30/18 at 10:00 am that BA was not performed.</p>