

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 31D0685379	<b>(X3) Date Survey Completed</b> 10/09/2024
<b>Name of Provider or Supplier</b> Rutgers Rwjms Center For Dermatology	<b>Street Address, City, State</b> 1 World'S Fair Drive, Somerset, 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>D5211</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Proficiency Testing (PT) records and interview with the Laboratory Director (LD) it was revealed that the laboratory failed to review PT performance codes "See note [26]", " Education Challenge" and "See note [27]", "Lack of participation or referee consensus" results obtained for PT performed with the College of American Pathologists (CAP) in the calendar year 2024 The findings include: 1. "See note [26]" results were received for event FSM-A 2024 Fungal Smear, specimen FSM- 01, 02, and 03. 2. "See note [27]" results were received for event TMO-B 2024 Ticks Mites and Other Arthropods, specimen TMO-4. 3. The LD confirmed on 10/9/24 at 1:30 pm that the laboratory failed to evaluate PT performance codes.</p>
<b>D6102</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(12)</p> <p>The laboratory director must ensure that prior to testing patients' specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results.</p> <p>This STANDARD is not met as evidenced by: Based on the lack of Training Records (TR) and interview with the Laboratory</p>

Director (LD) the LD failed to ensure that all Testing Personnel (TP) received the appropriate training for the type and complexity of the services offered from 11/08/23 to 10/9/24. The findings include: 1. One out of one TP listed on the CMS 209 form failed to have training records for Potassium Hydroxide (KOH) testing. 2. The LD confirmed on 10/09/24 at 1:35 pm, the LD failed to ensure TP had appropriate training for the type and complexity of the services offered.