Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	31D0692297	08/16/2018
Name of Provider or Supplier	**Street Address, City, State**	
Advocare Olivo Dermatology Center	201 Haddon Ave, Westmont, 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
D3031	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3) Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. This STANDARD is not met as evidenced by: Based on surveyor review of the Accession Log and interview with the Laboratory Director (LD), the laboratory failed to retain patient test record for Mohs tests from 8 /28/17 to the date of the survey. The finding includes: 1. One out of ten Patient work records Mohs Map (MM) was not available for review. 2. The LD confirmed at 10:45 am 8/16/18 MM was not retained.
D5291	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a) 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. This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual, interview with the Laboratory Director (LD), and in house review of the previous Pan Of Corrections (POC) the laboratory failed to establish written procedures for Biannual Assessment (BA) from 8 /21/14 to the date of survey. The findings include; 1) There was no evidence that a BA

	procedure was written. 2) The plan of corrections stated "These (BA) actions will be implemented based on the written protocol in the procedure manual". 3) The LD confirmed on 8/16/18 at 10:30 am that a BA procedure was not established.
D6103	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13) The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills. This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual, interview with the Laboratory Director (LD), and in house review of the previous Pan Of Corrections (POC) the Laboratory Director failed to establish a Competency Assessment (CA) procedure with the required elements from 8/21/14 to the date of the survey. The findings include; 1) There was no evidence of a CA procedure established. 2) The Plan of corrections stated "All Mohs histopathology technicians will be monitored to assure and maintain competency to process specimens and maintain the integrity of the laboratory", "The Mohs histology technicians will under go a performance review semi annually supervised by the laboratory director" 3) The LD confirmed on 8/16/18 at 11:00 am that a CA procedure was not established.