| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number<br>31D0694951 | (X3) Date Survey Completed<br>11/29/2018 |
|---|---|---|
| **Name of Provider or Supplier**<br>Dermatology & Laser Center Pa | **Street Address, City, State**<br>145 Wyckoff Road Suite 200, Eatontown, 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 |
|---|---|
| **D5401** | PROCEDURE MANUAL<br>CFR(s): 493.1251(a)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on surveyor review of the Procedure Manual (PM) and interview with the Office Manager (OM), the laboratory failed to follow their procedure for Biannual Assessment (BA) in the calendar year 2018. The finding includes: 1.The PM stated that a BA to be performed January and July in each calendar year. a) There was no evidence of a BA done in 2018. 2. The OM confirmed on 11/29/18 at 11:00 am that the BA procedure was not performed in 2018. |