

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0708783	(X3) Date Survey Completed 11/22/2023
Name of Provider or Supplier Robert M Rosen Do	Street Address, City, State 780 Route 37 West, Suite 240, Toms River, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Biannual Assessment (BA) records and interview with the Mohs Technician, the laboratory failed to verify the accuracy and reliability of Mohs testing twice annually from 9/12/22 to the date of the survey. The findings include: 1. There was no documented evidence Slide # R23-45 was reviewed for the BA performed on 3/11/23. 2. The Reviewing Pathologist and the Referring Pathologist failed to sign the BA for slides R23-44 and R23-45 performed on 3/11/23 and slides R22-157 and R22-160 performed on 9/12/22. 3. The Mohs Technician confirmed on 11/22/23 at 1:30 pm that the laboratory failed to verify the accuracy and reliability of Mohs testing.</p>