

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0956228	(X3) Date Survey Completed 11/28/2018
Name of Provider or Supplier Robert B Sollitto Md	Street Address, City, State 2 Van Buren Road, Voorhees, 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
D5781	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Temperature Logs (TL) and interview with the Office Manager (OM), the laboratory did not document corrective action taken when the Cryostat was out of range in the calendar year 2017. The findings include: 1. A review of the TL revealed that the Cryostat was outside the established range: a.11 out of 18 days in January 2017 b. 6 out of 13 days in Febuary 2017. c. 6 out of 18 days in March 2017. d. 7 out fo 11 days in April 2017. e. 5 out of 16 days in May 2017 f. 6 out of 16 days in June 2017 g. 4 out of 14 days in July 2017 h. 8 out fo 15 days in August 2017 i. 5 out of 16 days in September 2017 2. The OM confirmed on 11/28/18 at 12:10 pm the laboratory did not document corrective action.</p>
D5803	<p>TEST REPORT CFR(s): 493.1291(b)</p> <p>Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request.</p>

This STANDARD is not met as evidenced by:
Based on the surveyor review of the Patients Medical Records (PMR), Accession Log (AL) and interview with the Office Manager (OM), the laboratory failed to have Mohs maps on two out of ten patient cases reviewed from July 2017 to the date of survey. The OM confirmed on 11/28/18 at 12:30 pm that the Mohs maps were not in all the PMR.