

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0996014	(X3) Date Survey Completed 07/27/2021
Name of Provider or Supplier South Jersey Dermatology Center	Street Address, City, State 601 Route 37 West Suite 105, 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 Office Manager (OM), the laboratory failed to verify the accuracy of Histopathology testing twice annually in the calendar year 2020. The OM confirmed on 7/27/21 at 1:00 pm that the laboratory did not perform BA for Histopathology testing twice in 2020.</p>