Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0996150	(X3) Date Survey Completed 11/15/2022
Name of Provider or Supplier Dermatology & Skin Surgery Center	**Street Address, City, State** 8 Forrestal Road South, Princeton, 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
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on surveyor observation of Histology reagents and interview with the Office Personnel (OP), the laboratory failed to discard expired Histopathology reagent from 6 /30/22 to the date of survey. The finding include: 1. Gill 3 Hematoxylin reagent expired 6/30/22 2. Approximately 300 patients were tested with expired reagent. 3. The OP confirmed on 11/15/22 at 12:30 pm that the laboratory used expired reagents.