

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1038213	(X3) Date Survey Completed 03/05/2024
Name of Provider or Supplier Warren Skin Care Center	Street Address, City, State 755 Memorial Parkway, Phillipsburg, 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 the lack of Biannual Assessment (BA) records and interview with the Testing Personnel (TP), the laboratory failed to verify the accuracy of Histopathology testing in the calendar years 2022 and 2023. The TP confirmed on 3/5/24 at 11:30 am that the laboratory did not perform BA for Histopathology.</p>
D5415	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (1) Identity and when significant, titer, strength or concentration. (2) Storage requirements. (3) Preparation and expiration dates. (4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor observation of the Staining Station and interview with the Testing Personnel (TP), the laboratory failed to label the identity of all staining jars used for Histopathology testing from 1/17/19 to the date of the survey. The TP confirmed on 3/5/24 at 10:35 am that all staining jars were not labeled. Note: This was previously cited.</p>