

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1040720	(X3) Date Survey Completed 08/15/2019
Name of Provider or Supplier Cosmetic & Procedural Dermatology	Street Address, City, State 215 Morris Ave, Spring Lake, 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
D5411	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a)</p> <p>Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Leica Manufacturer's Manual, lack of a Temperature Log (TL) and interview with Testing Personnel (TP), the laboratory failed to follow the Manufacturers Instructions to monitor and document Room Temperature (RT) and Humidity where Histopathology tests were performed from 8/17/17 to the date of survey. The TP confirmed on 8/15/19 at 10:20 am that the laboratory did not follow the MI .</p>