

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1064777	(X3) Date Survey Completed 12/18/2018
Name of Provider or Supplier Advanced Dermatology Associates	Street Address, City, State 1 Centre Street, Theatre Center, Sparta, 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 2018. The finding includes: 1) The laboratory did not perform BA in 2018. 2) The OM confirmed on 12/18/18 at 12:15 pm the laboratory did not perform BA twice annually.</p>