Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	31D1067292	07/22/2025
Name of Provider or Supplier	**Street Address, City, State**	
Cosmetic Skin Surgery Center	333 Sylvan Avenue, Englewood Cliffs, 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
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) (b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (b)(1) Water quality. (b)(2) Temperature. (b)(3) Humidity. (b)(4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on surveyor review of the Temperature Log (TL), Procedure Manual (PM) and interview with the Office Manager (OM), the laboratory failed to record the Cryostat temperature, room temperature and humidity where Histopathology tests are performed from 12/6/24 to 7/22/25. The finding includes. 1. The PM stated, " Laboratory instruments that require daily temperatures or special start up operations will be documented as monitored." 2. The laboratory failed to record the temperature of the Cryostat, room temperature and humidity on 12/6/24. 3. The laboratory resulted 4 patients tests on that day. 4. The OM confirmed on 7/22/25 at 1:35 pm, the laboratory failed to record the Cryostat temperature, room temperature and humidity on each day of patient testing.
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with

	each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. This STANDARD is not met as evidenced by: Based on surveyor review of the Quality Control (QC) records, Procedure Manual (PM), and interview with the Office Manager (OM), the laboratory failed to record the reaction of the control slide for Hematoxylin-Eosin (HE) stain on each day of patient testing from 12/6/24 to 7/22/25. The finding includes: 1. The laboratory failed to document HE QC slide reactions for Histopathology tests on 12/6/24. 2. The laboratory resulted 4 patient results on that day. 3. The OM confirmed on 7/22/25 at 1: 45 pm. the HE QC slide reaction was not recorded on each day of patient testing. Note: This deficiency was previously cited on the survey performed on 4/30/24.