

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1079089	(X3) Date Survey Completed 10/29/2019
Name of Provider or Supplier Nj Certified Dermatology, Pc	Street Address, City, State 540 Lacey Road, Forked River, 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 General Supervisor (GS), the laboratory failed to verify the accuracy of Histopathology testing twice annually in the Calendar year 2018. The GS confirmed on 10/29/19 at 10:45 am that the laboratory did not verify the accuracy of Histopathology testing.</p>