Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 31D1085914	**(X3) Date Survey Completed** 07/07/2022
Name of Provider or Supplier Nj Certified Dermatology, Pc	**Street Address, City, State** 1315 Route 9 South, Cape May Court House, 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**
D5415	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c) 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. 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 7/23/19 to the date of the survey. The TP confirmed on 7 /7/22 at 10:35 am that all staining jars were not labeled.