

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2001550	(X3) Date Survey Completed 02/13/2019
Name of Provider or Supplier Center For Dermatology & Skin Surgery, Llc	Street Address, City, State 1 West Ridgewood Avenue, Suite 103, Paramus, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Competency Assessment (CA) records and interview with the Office Manager (OM), the laboratory failed to perform CA correctly on two of two Testing Personnel in the calendar years 2017 and 2018. The findings include: 1. The CA did not include how assessment was performed. 2. The CA did not include assessment of problem solving skills. 3. The OM confirmed on 2/13/19 at 10:15 am that CA was not done correctly.</p>
D5781	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on surveyor review of the Cryostat Maintenance Record (CMR) and interview with the Office Manager (OM), the laboratory failed to take and document Corrective Action (CA) when the Cryostat Temperature (CT) was out of range in the calendar year 2018. The findings include: 1. A review of the CMR revealed that CT was outside the established range 17 of 88 days Mohs testing was performed. 2. There was no documented evidence of corrective action taken. 3. The OM confirmed on 2/13/19 at 10:45 am the laboratory did not document corrective action.