

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2001550	(X3) Date Survey Completed 03/19/2025
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
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual and interview with the Office Manager (OM), the laboratory failed to establish a detailed procedure for Biannual Assessment (BA) from on the date of survey. The findings include: 1. The BA procedure did not include the name of the referring pathologist. 2. The BA procedure requires the Mohs map to be sent to the reviewing pathologist. 3. The BA does not list a third party to review in the instance when the referring physician results do not match the reviewing physicians results. 4. The OM confirmed on 3/16/25 at 1:15 pm that the BA procedure was not in detail.</p>