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|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>31D2004346             | <b>(X3) Date Survey Completed</b><br><br>02/25/2020 |
| <b>Name of Provider or Supplier</b><br><br>Dermatology Center Of New Jersey,Pc, The                                        | <b>Street Address, City, State</b><br><br>745 Us Hwy 202/206, Ste 102, Bridgewater, NJ |                                                     |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. |                                                                                        |                                                     |

| <b>(X4) ID Prefix Tag</b> | <b>Summary Statement of Deficiencies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>D5413</b>              | <p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT<br/>CFR(s): 493.1252(b)</p> <p>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: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on surveyor review of temperature logs, observation of the lack of a thermometer, and interview with the Laboratory Director (LD) the laboratory failed to monitor and document room temperature on each day of Mohs testing from 1/23/18 to the date of survey. The LD confirmed on 2/25/20 at 1:20 pm that the laboratory did not document room temperature.</p> |