

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2004723	(X3) Date Survey Completed 01/31/2018
Name of Provider or Supplier Advanced Dermatology Of Nj Pc	Street Address, City, State 700 Paramus Park, 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
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM) and interview with the Office Manager (OM), the laboratory failed to have a written procedure for preparing Toluidine blue stain used for Mohs testing from 11/24/15 to the date of survey. The OM confirmed on 1/31/18 at 10:30 am that the procedure mentioned above was not in the PM.</p>
D5603	<p>HISTOPATHOLOGY CFR(s): 493.1273(b)(f)</p> <p>(b) The laboratory must retain stained slides, specimen blocks, and tissue remnants as specified in 493.1105. The remnants of tissue specimens must be maintained in a manner that ensures proper preservation of the tissue specimens until the portions submitted for microscopic examination have been examined and a diagnosis made by an individual qualified under 493.1449(b), (l), or (m). (f) The laboratory must document all control procedures performed, as specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on review of Accession log (AL), Quality control (QC) log, patient slides, and interview with the Office Manager (OM), the laboratory failed to retain stained Mohs test slides from 1/3/18 to the date of survey. The findings include: 1. The laboratory</p>

did not retain three slides for specimen # 18001. 2. The laboratory could not locate the QC slide for for 1/3/18. 3. The OM confirmed at 10:10: am that the laboratory failed to retain Mohs test slides.

D5805

TEST REPORT
CFR(s): 493.1291(c)

The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.

This STANDARD is not met as evidenced by:
Based on surveyor review of the Test Report (TR) and interview with the Office Manager (OM), the laboratory failed to ensure that the address of the laboratory where tests are performed was on the TR from 2/6/14 to the date of survey. The OM confirmed on 1/31/18 at 10:00 am that the TR did not indicate the laboratory address. This deficiency was cited on the last survey.