

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2010740	(X3) Date Survey Completed 08/30/2021
Name of Provider or Supplier Dermatology Center At Old Bridge	Street Address, City, State 3 Hospital Plaza, Old Bridge, 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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on lack of maintenance records and interview with the Testing Personnel (TP), the laboratory failed to perform and document annual maintenance on the microscope used in laboratory testing from 8/28/18 to the date of the survey. The TP #2 as listed on CMS form 209 confirmed on 8/30/21 at 12:30 pm there was no documented evidence that annual maintenance was performed on the microscope from 8/28/18 to the date of the survey.</p>