| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number<br>31D2027817 | (X3) Date Survey Completed<br>09/26/2019 |
|---|---|---|
| **Name of Provider or Supplier**<br>Dermatology Associates Of South Jersey, Llc | **Street Address, City, State**<br>150 Century Parkway, Suite 105, Mount Laurel, 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 |
|---|---|
| **D5601** | HISTOPATHOLOGY<br>CFR(s): 493.1273(a)(f)<br><br>(a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. (f) The laboratory must document all control procedures performed, as specified in this section.<br><br>This STANDARD is not met as evidenced by:<br>Based on surveyor review of Quality Control (QC) records and interview with the Laboratory Director (LD), the laboratory failed to document Hematoxylin and Eosin (H&E) control slide reaction from 9/18/17 to the date of survey. The findings include: 1. The laboratory did not document H&E stain QC reaction for reading of biopsy slides. 2. The laboratory did not document H&E stain QC reaction for Mohs testing from 1/4/19 to 9/20/19. 3. The laboratory read and reported around 2500 patients slides. 4. The LD confirmed on 9/26/19 at 1:30 pm that the laboratory did not document H&E QC stain reaction. |
| **D5805** | TEST REPORT<br>CFR(s): 493.1291(c)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on surveyor review of the Test Report (TR) and interview with the Laboratory Director (LD), the laboratory failed to include the name and address of the laboratory where the Technical Component (TC) for Mohs testing was performed from 9/18/17 to the date of survey. The LD confirmed on 9/26/19 at 1:45 pm that the TC laboratory name and address was not on the Mohs TR. |