

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 31D2027817	<b>(X3) Date Survey Completed</b> 11/10/2022
<b>Name of Provider or Supplier</b> Dermatology Associates Of South Jersey, Llc	<b>Street Address, City, State</b> 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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5401</b>	<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: a) Based on surveyor review of the Procedure Manual (PM), Biannual Assessment (BA) and interview with the Office Manager (OM), the laboratory failed to have a procedure for BA at the time of survey. The OM confirmed on 11/10/22 at 11:40 am the laboratory did not have a procedure for BA. b) Based on surveyor review of the Procedure Manual (PM), observation of Staining Station (SS) and interview with the Office Manager (OM), the laboratory failed to have a procedure for Hematoxylin-Eosin (HE) staining at the time of survey. The OM confirmed on 11/10/22 at 12:30 pm that the laboratory did not have the aforementioned procedure.</p>
<b>D5805</b>	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>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.</p>

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 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 OM confirmed on 11/10/22 at 12:00 pm that the TC laboratory name and address was not on the Mohs TR. Note: This was previously cited on 9/26/19.