Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2035585	(X3) Date Survey Completed 05/02/2018
Name of Provider or Supplier Dermatology Consultants Of Short Hills	**Street Address, City, State** 636 Morris Tpk, Short Hills, 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
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on surveyor review of the Biannual Assessment (BA) records and interview with the Office Manager (OM), the laboratory failed to perform BA twice a year for Histopathology tests in the calendar year 2016 and 2017. The finding includes: 1. A review of BA records revealed in 2016 BA was performed once and was not performed in 2017. 2. The OM confirmed on 5/2/18 at 10:45 am that BA was not performed twice a year.
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (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. This STANDARD is not met as evidenced by: Based on surveyor review of Quality Control (QC) records and interview with the Office Manager (OM), the laboratory failed to document the reaction of the QC slide for the Hematoxylin and Eosin stain used in Mohs Testing from 1/1/17 to the 5/1/18. The OM confirmed on 5/2/18 at 10:30 am that QC reactions were not documented.

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 Final Report (FR) and interview with the Office Manager (OM), the laboratory failed to ensure that the FR included all the required information in 2018. The findings include: 1. A review of ten FR revealed four out of ten did not have the name and address of the laboratory where tests were performed. 2. One out of ten FR reviewed did not include all three stages removed. 3. The OM confirmed and stated on 5/2/18 at 11:45 am that FR did not have all the required information.