

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2041801	(X3) Date Survey Completed 10/07/2021
Name of Provider or Supplier Choice Dermatology Llc	Street Address, City, State 12 Ridge Street, Basking Ridge, 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 the lack of maintenance records and interview with the Office Manager (OM), the laboratory failed to perform and document annual maintenance on the microscope used in laboratory testing from September 2018 to the date of the survey. The OM confirmed on 10/7/21 at 10:00 am there was no documented evidence that annual maintenance was performed on the microscope from September 2018 to the date of the survey.</p>