

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2057978	(X3) Date Survey Completed 02/13/2019
Name of Provider or Supplier Schweiger Dermatology, PLLC-	Street Address, City, State 347 Mount Pleasant Avenue, West Orange, 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
D3031	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Accession Log and interview with the Testing Personnel (TP), the laboratory failed to retain patient test records for Mohs tests in the calendar year 2018. The finding includes: 1. Four out of ten patient work records - Mohs Maps were not available for review. 2. The TP #1 listed on CMS form 209 confirmed on 2/13/19 at 2:45 pm all patient test records were not retained.</p>