Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	31D2068840	01/09/2018
Name of Provider or Supplier	**Street Address, City, State**	
Nj Certified Dermatology, Pc	1141 Mantua Pike, Mantua, 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, Procedure Manual and interview with the Testing Personnel (TP), the laboratory failed to perform BA twice a year in the calendar year 2016. The TP #1 listed on the CMS form 209 confirmed on 1/9/18 at 10:00 am that BA was only performed once in 2016.