

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 31D2068840	<b>(X3) Date Survey Completed</b> 10/18/2022
<b>Name of Provider or Supplier</b> Nj Certified Dermatology, Pc	<b>Street Address, City, State</b> 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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5781</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the temperature logs and interview with the Testing Personnel (TP), the laboratory did not document corrective action taken when the Room Temperature (RT) was out of range in the calendar years 2021 and 2020. The findings include: 1. A review of the RT log revealed that the temperature was outside the established range as below: a. January 2020: 2 out of 2 days b. April 1 out of 2 days c. June 2020: 1 out of 2 day d. July 2020: 1 out of 1 days e. September 2020: 2 out of 2 days f. October 2020: 1 out of 1 day g. December 2020: 2 out of 2 days h. February 2021: 1 out of 2 days. i. June 2021: 1 out of 1 days. J. July 2021: 2 out of 2 days. k. August 2021: 2 out of 2 days. l. September 2021: 2 out of 2 days. m. October 2021: 1 out of 1 days. 2. There was no documented evidence of Corrective Action (CA) taken. 3. The TP confirmed on 10/18/22 at 1:30 pm the laboratory did not document CA when the CT was out of range.</p>