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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 31D2100417 | (X3) Date Survey Completed 08/06/2019 |
| Name of Provider or Supplier Dermatology Clinic, The | Street Address, City, State 901 West Main Street, Suite 201, Freehold, 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 |
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| D5291 | <p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual, interview with the Testing Personnel (TP) via telephone, the laboratory failed to establish acceptable written procedures for Biannual Assessment (BA) from 8/24/17 to the date of survey. The findings include; 1) The BA did not state who the reviewing Pathologist was. 3) The BA did not state what was sent to the reviewing pathologist. 4) The BA did not have a policy for third party review of cases. 5) The TP confirmed on 8/6/19 at 10:30 am that a BA procedure was not acceptable.</p> |
| D6103 | <p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13)</p> <p>The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM) and interview with the</p> |

Testing Personnel (TP) via telephone, the Laboratory Director failed to establish a Competency Assessment (CA) procedure with all the required elements for TP from 8/24/17 to the date of survey. The TP confirmed on 8/6/19 at 10:30 am that a CA procedure was not established.