

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D2104214	<b>(X3) Date Survey Completed</b>  08/02/2019
<b>Name of Provider or Supplier</b>  Dermatology Institute & Laser Center	<b>Street Address, City, State</b>  35 Green Pond Rd, Rockaway, 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>D5401</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM), observation of the Automated Staining Station (ASS) and interview with the Office Manager (OM), the laboratory failed to follow Mohs Staining Procedure from June 2017 to the date of the survey. The findings include: 1. The ASS in the laboratory did not correspond with the staining procedure in the PM. a) The PM stated Staining Container (SC) # 5 was for Scott's Bluing reagent but ASS had water. b) The PM stated SC # 7 was for water but ASS had Bluing Solution.. c) The PM stated SC # 10 was for 95% Alcohol but ASS had Eosin. d) The PM stated SC # 11 was for 100% Alcohol but ASS had 95% Alcohol. 2. The OM confirmed on 8/2/19 at 10:00 am that PM procedure did not match with ASS. Note: This deficiency was previously cited 3/23/18. The Plan of corrections stated "Laboratory director in conjunction with Mohs surgeon and lab Histotechnician made adjustments to procedure manual for this one to correspond to there way auto strainer has been arranged."</p>