

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2104214	(X3) Date Survey Completed 09/30/2026
Name of Provider or Supplier Dermatology Institute & Laser Center	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5805	TEST REPORT CFR(s): 493.1291(c) (c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on surveyor review of the Final Reports (FR), Requisition Report (REQ), and interview with Testing Personnel (TP), the laboratory failed to ensure that the patient TR and REQ had all the required information from 03/30/2026 to 09/30/2026. The finding includes: 1. Ten out of ten FR and REQ reviewed did not have the correct address of the laboratory where tests were performed. 2. The TP confirmed on 09/30 /2026 at 12:40 PM that laboratory failed to have the correct address where laboratory test were performed.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) (a) 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 postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by:

Based on surveyor review of the Procedure Manual (PM) and interview with the Testing Personnel (TP), the laboratory failed to establish a procedure for verifying results manually entered into the Electronic Medical records (EMR) from 03/30/2026 to 09/30/2026. The finding includes: 1. The laboratory failed to have a procedure to verify manually entered test results to ensure accuracy in the postanalytic systems. 2. The TP confirmed on 09/30/2026 at 1:00 PM that laboratory did not have a procedure for verifying manually entered results in to the EMR.