

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2121156	(X3) Date Survey Completed 12/11/2018
Name of Provider or Supplier Clark Dermatology	Street Address, City, State 703 Kearny Ave, Kearny, 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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: +Based on surveyor review of the Procedure Manual, Maintenance Records (MR) and interview with the Office Manager (OM), the laboratory failed to perform and document maintenance as specified by the manufacturer on the Tissue Tek Cryostat and the Microscope used for Histology tests from 7/6/17 to the date of the survey. The OM confirmed on 12/11/18 at 2:15 pm that annual maintenance as specified by the manufacturer was not performed on above instruments.</p>