

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2151308	(X3) Date Survey Completed 12/04/2018
Name of Provider or Supplier Ocean Dermatology	Street Address, City, State 27 South Cooks Bridge Rd, Jackson, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>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 have an approved, signed and dated PM by the Laboratory Director (LD) from August 2018 to the date of the survey. The TP confirmed on 12/4/18 at 12:30 pm the LD did not sign the PM.</p>