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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 31D2151571 | (X3) Date Survey Completed 10/09/2024 |
| Name of Provider or Supplier Nj Certified Dermatology, Pc | Street Address, City, State 271 South New Prospect 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 |
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| D5801 | <p>TEST REPORT CFR(s): 493.1291(a)</p> <p>The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Final Report (FR), Mohs Maps (MM) and interview with the Laboratory Manager (LM), the laboratory failed to ensure test results were transcribed accurately for Histopathology tests from 6/19/24 to 10/9/24. The finding includes: 1. Review of the MM and FR revealed the pre operations sizes on the FR did not match the pre operation sizes on the MM for five out of five patients test records from 6/19/24. 2. The LM confirmed on 10/9/24 at 1:10 pm that the laboratory did not transcribe results accurately on the FR.</p> |