

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2163236	(X3) Date Survey Completed 12/13/2021
Name of Provider or Supplier New Jersey Dermatology	Street Address, City, State 479 County Road 520 Suite A 201, Marlboro, 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
D5413	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Temperature Log (TL) and interview with the Office Manager (OM), the laboratory failed to define an acceptable temperature range for the Laboratory Temperature Log used in Histopathology tests from 8/6/19 to the date of the survey. The OM confirmed on 12/13/21 at 12:00 pm that an acceptable range was not defined.</p>