

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D2185904	<b>(X3) Date Survey Completed</b>  02/25/2026
<b>Name of Provider or Supplier</b>  Schweiger Dermatology, Pc	<b>Street Address, City, State</b>  20 Prospect Avenue, Hackensack, NJ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on the review of the Biannual Assessments (BA) records and interview with the Office Manager (OM) the laboratory failed to verify the accuracy of Histopathology testing biannually in the calendar year 2025. The finding includes: 1. There was no documented evidence the laboratory verified the accuracy of histopathology testing in the calendar year 2025. 2. The OM confirmed on 2-25-2026 12pm, the laboratory did not verify the accuracy of Histopathology testing in the calendar year 2025.</p>