

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0689641	(X3) Date Survey Completed 01/03/2018
Name of Provider or Supplier Advanced Dermatology, Pc	Street Address, City, State 175 Iu Willets Road Suite 2, Albertson, NY	
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
D5477	<p>CONTROL PROCEDURES CFR(s): 493.1256(e)(4)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (4) Before, or concurrent with the initial use-- (e)(4)(i) Check each batch of media for sterility if sterility is required for testing; (e)(4)(ii) Check each batch of media for its ability to support growth and, as appropriate, select or inhibit specific organisms or produce a biochemical response; and (e)(4)(iii) Document the physical characteristics of the media when compromised and report any deterioration in the media to the manufacturer. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyors review of quality control (QC) records for dermatophyte media (DTM) used to perform fungal testing and confirmed in an interview with the office manager at the time of the survey, the laboratory failed to check and document the physical characteristics of the DTM and failed to perform the sterility check on each new batch (shipment) or lot number of DTM in calendar years 2016 and 2017. Approximately 200 patients fungal culture tests were performed and read during that time period.</p>