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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 33D0954760 | (X3) Date Survey Completed 05/01/2018 |
| Name of Provider or Supplier Advanced Dermatology Pc (Mohs Lab) | Street Address, City, State 58-48 189th Street, Fresh Meadows, 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 |
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| D5805 | <p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on a review of randomly selected test reports and an interview with the lead medical assistant/processor, the laboratory failed to include the patient's test results in the patients medical records. Findings Include: It was confirmed by the medical assistant supervisor on May 1, 2018 at approximately 2:00 pm, that the laboratory failed to document the patient's test results in the electronic medical records for five of six charts reviewed.</p> |