

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D1045698	(X3) Date Survey Completed 01/24/2020
Name of Provider or Supplier Dermatology Associates Of Cny Pllc	Street Address, City, State 4110 Medical Center Drive, Suite 110, Fayetteville, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor's review of the competency assessment policies, lack of the current competency records and an interview with the Mohs' technician/office manager, the laboratory failed to follow its written policies for competency assessment for two of two Mohs technicians as evidenced by the lack of written competency assessment evaluations for calendar years 2018 and 2019. FINDINGS: 1. The Mohs' technician /office manager confirmed on January 24, 2020 at approximately 10:30 AM, that the laboratory failed to follow the written competency assessment policies, that requires an annual evaluation for the Mohs' technicians based on their duties and responsibilities. 2. The laboratory director, acting as the technical supervisor, failed to perform the annual evaluation for two of two Mohs' technicians for the calendar years 2018 and 2019.</p>
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p>

	<p>This STANDARD is not met as evidenced by: Based on a surveyor's review of Quality Assessment (QA) policy and confirmed in an interview with the Mohs' technician/office manager at the time of this survey, the laboratory failed to follow the laboratory's written QA policy and perform an annual QA review for the calendar years 2018 and 2019. FINDINGS: The Mohs technician /office confirmed on January 24, 2020 at approximately 10:00 AM the laboratory director failed to ensure that the annual QA reviews were performed and documented, as required by the QA policy, for the calendar years 2018 and 2019.</p>
<p>D6094</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor's review of the laboratory records, QA policy and an interview with the Mohs technician/office manager, the laboratory director failed to ensure the laboratory quality assurance policies were maintained. Refer to D5291.</p>
<p>D6103</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13)</p> <p>The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor's review of laboratory polices and procedures, Mohs' technicians personnel records and an interview with the Mohs technician/office manager, the laboratory director failed to ensure written competency assessment policies and procedures were maintained for the calendar years 2018 and 2019. Refer to D5209.</p>