

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D1098929	(X3) Date Survey Completed 08/12/2025
Name of Provider or Supplier Bellmore Dermatology PLLC	Street Address, City, State 2351 Bedford Avenue, Bellmore, 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
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 review of Standard Operating Procedures (SOPs), lack of Quality Assessment (QA) policies, as well as interview with the Office Manager (OM), the laboratory failed to establish written policies for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory system. FINDINGS: 1. There was no documentation of annual QA performance and review from 2023 through the survey date. 2. The current, approved SOPs did not include instructions for performing an ongoing review process that encompasses all facets of the laboratory's technical and non-technical functions and all locations/sites where on-site laboratory testing was performed. 3. The OM confirmed the findings on August 12, 2025, at approximately 11:30 A.M. Repeated deficiency from February 9, 2023.</p>
D6020	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)</p> <p>(e)(5) Ensure that the quality control and 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:</p>

Based on review of SOPs, lack of QA policies, as well as interview with the OM, the Laboratory Director (LD) failed to draft, approve QA programs to assure the quality of laboratory services provided and to identify failures in quality as they occur.

FINDINGS: 1. The current, approved SOPs did not include QA policies for performing and documenting such activity. 2. The OM confirmed the findings on August 12, 2025, at approximately 11:30 A.M.