

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 34D2092691	(X3) Date Survey Completed 04/17/2024
Name of Provider or Supplier Central Dermatology Center	Street Address, City, State 110 Preston Executive Drive, Suite 108, Cary, NC	
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
D6094	<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 review of laboratory policy, absence of QA (quality assessment) records and interview with histotechnician 04/17/24, the laboratory director failed to ensure the QA program was maintained since time of last survey 05/27/21, a period of approximately 35 months. Findings: Review of laboratory policy "Policy for Monthly QA Testing" revealed "Each month a monthly QA Checklist and Monthly Patient QA checklist will be completed....These checklists will be signed by the Laboratory Director.". Review of laboratory records for 2021, 2022, 2023, and 2024 revealed no documentation of monthly "QA Checklist" or monthly "Patient QA Checklist". Interview with histotechnician at approximately 12:00 p.m. confirmed the laboratory had not maintained the QA program. They stated they had been told it was not necessary.</p>