

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0191111	(X3) Date Survey Completed 10/06/2023
Name of Provider or Supplier Advanced Dermatology Associates Ltd	Street Address, City, State 1259 South Cedar Crest Blvd Suite 100, Allentown, PA	
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 review of the competency assessment policy, lack of documentation and interview with the testing personnel (TP) #22 and #24, the laboratory failed to follow their competency policy to assess the competency of 3 of 5 technical consultant (TC) from 10/18/2021 to the date of the survey. Findings include: 1. The laboratory competency assessment policy states, "Staff who hold CLIA supervisor positions: (general supervisor, technical consultant, technical supervisor, or clinical consultant), will be assessed annually for their supervisory competency in addition to laboratory". 2. On the day of survey, 10/06/2023 at 11:20 am, the laboratory could not provide the following personnel competency assessment records from 10/18/2021 to the date of the survey: - 3 of 5 TC 3. TP #22 and TP #24 confirmed the findings above on 10/06/2023 around 1:20 pm. * This is a repeat deficiency.</p>
D6120	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(7)(8)</p> <p>(7) The technical supervisor is responsible for identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p>

This STANDARD is not met as evidenced by:

Based on review of the personnel competency assessment records and interview with the testing personnel (TP) #22 and #24, the technical supervisor (laboratory director) failed to evaluate the competency of 4 of 26 testing personnel who performed the Mohs testing from 10/18/2021 to the date of the survey. Findings include: 1. On the day of survey, 10/06/2023 at 11:09 am, the laboratory could not provide competency assessment documentation for 4 of 26 TP who performed Mohs testing from 10/18/2021 to 10/06/2023. 3. TP #22 and TP #24 confirmed the findings above on 10/06/2023 around 1:20 pm.