

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 39D0196404	<b>(X3) Date Survey Completed</b> 05/30/2019
<b>Name of Provider or Supplier</b> Pa Dermatology Partners Ov	<b>Street Address, City, State</b> 385 Oxford Valley Road Suite 312, Yardley, PA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D6094</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> 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 the procedure manual, interview with the office manager and the physician assistant (PA), the laboratory director (LD) failed to ensure quality assessment (QA) programs were established to assure the quality of laboratory services provided from 2017 to the day of survey. Findings Include: 1. On the date of survey, 05/30/2019, the Laboratory could not provide a QA procedure or documentation of periodic evaluation of the laboratory, that assess its preanalytical, analytical, and postanalytical processes from September 25th, 2017 to May 30th, 2019. 2. The office manager and PA confirmed on 05/30/2019 around 09:45 am, that a QA policy does not exist.</p>
<b>D6120</b>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> 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> <p>This STANDARD is not met as evidenced by:</p>

Based on review of the laboratory procedure manual, personnel competency assessment records, interview with the office manager and physician assistant (PA), the technical supervisor (laboratory director) failed to ensure the competency of 1 of 2 testing personnel (TP) performing dermatopathology slide reading and 1 of 1 clinical consultant (CC) was assessed for competency in 2018 and 2019. Findings Include: 1. On the day of survey, 05/30/2019, the office manager and PA could not provide documentation of competency assessments performed for 1 of 2 TP who read dermatopathology slides and 1 of 1 CC in 2018 and 2019. 2. The office manager and PA confirmed the findings above on 05/30/2019 around 8:55 am. \*\*\*\* THIS IS A REPEAT DEFICIENCY\*\*\*\*