

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0678072	(X3) Date Survey Completed 09/03/2021
Name of Provider or Supplier Dermatology Associates Of York Inc	Street Address, City, State 205 Saint Charles Way, York, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of peer review records and interview with the Laboratory Director (LD), the laboratory failed to verify twice annually the accuracy for 8 of 12 testing personnel (TP) who performed scabies microscopic examinations in 2020. Findings include: 1. On the day of survey, 09/03/2021, the laboratory could not provide biannual verification of accuracy performed for 8 of 12 TP who analyzed scabies microscopic examinations in 2020. 2. the laboratory performed 22 scabies microscopic examinations in 2020. 3. The LD confirmed the finding above on 09/03 /2021 at 10:00 a.m.</p>