

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0885383	(X3) Date Survey Completed 07/27/2021
Name of Provider or Supplier Aesthetic Dermatology Associates Pc	Street Address, City, State 176 S New Middletown Road, Suite 203, Media, 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:</p> <p>A. Based on review of the laboratory's Competency Policy for MOHS Testing personnel and interview with Register Nurse (RN), the laboratory failed follow their policy to assess the competency of 1 of 2 laboratory personnel who performed the Clinical consultant (CC), Technical Supervisor (TS), and General Supervisor (GS) roles from 07/27/2019 to the date of survey. Findings include: 1. The laboratory's Competency Policy for MOHS Testing personnel states:"Staff who holds supervisor positions : (GS, TC, TS, or CC), will be assessed annually, for their supervisory competence in addition to laboratory testing competence." 2. On the day of survey, 07/27/2021, the RN could not provide a competency assessment records for 1 of 2 personnel (CMS 209, listed as personnel #5) for their supervisory positions (CC, TS, GS, and CC) from 07/27/2019 to the date of survey. 3. The RN confirmed the finding above on 07/27/2021 around 09:29 a.m. B. Based on review of the laboratory's Competency Assessment procedure, annual competency records, and interview with Register Nurse (RN), the laboratory failed to establish a complete procedure that includes all six components required for competency assessment for 4 of 4 Testing Personnel (TP) who performed scabies examinations from 07/27/2019 to the date of survey. Findings Include: 1. On the day of survey, 07/27/2021, the RN could not provide a complete competency assessment policy to assess 4 of 4 TP who performed scabies examinations from 07/27/2019 to the date of survey. 2. The RN confirm the finding above 07/27/2021 at 09:44 a.m.</p>
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE

CFR(s): 493.1236(c)(1)

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.

This STANDARD is not met as evidenced by:

Based on lack of documentation and interview with the Register Nurse (RN), the laboratory failed to verify twice annually the accuracy of Potassium hydroxide (KOH) and scabies microscopic examination for 4 of 4 testing personnel (TP) who performed tests in 2020. Findings include: 1. On the day of survey, 07/27/2021, the laboratory could not provide documentation of verification of accuracy for KOH and Scabies microscopic examination for 4 of 4 TP who performed tests in 2020. 2. 9 KOH examinations were performed in 2020 3. 3 Scabies examinations were performed in 2020 3. The RN confirmed the findings above on 07/27/2021 at 10:08 a.m.