Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0998457	(X3) Date Survey Completed 06/16/2022
Name of Provider or Supplier Dermatologic Surgicenter	**Street Address, City, State** 1200 Locust Street, Philadelphia, 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	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 review of the laboratory procedure manual, peer review records and interview with the MOHS Tech, the laboratory failed to ensure that 2 of 2 Testing Personnel (TP) performed the verification of accuracy of MOHS micrographic surgery slides examined from 01/01/2020 through the date of survey. Findings Include: 1. On the day of survey, 06/16/2022 at 10:17 am, the MOHS Tech could not provide a procedure for the verification of accuracy performed on the MOHS micrographic surgery slides examined from 01/01/2020 to 06/16/2022. 2. 122 MOHS micrographic surgery slides were examined from 01/01/2021 through 12/31/2021. 3. Interview with the MOHS Tech on 06/16/2022 at 10:41 am, revealed that 1 of 2 TP meets biannually with a committee to perform peer review analyses of slides. 4. The laboratory could not provide documentation of twice annual verification of accuracy for MOHS micrographic surgery slides examined from 01/01/2020 through the date of survey for the following TP: -1 of 2 TP (CMS 209 personnel #1) completed peer review once in 2020 and 2021. -1 of 2 TP (CMS 209 personnel #2) completed peer review once in 2020. No docmentation was provided for peer review in 2021. 5. The MOHS Tech confirmed the findings above on 06/16/2022 around 10:45 am.