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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 39D1055452 | (X3) Date Survey Completed 07/27/2022 |
| Name of Provider or Supplier Bryn Mawr Dermatology, Pc | Street Address, City, State 775 E Lancaster Ave, Suite 200, Villanova, 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 |
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| 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 a review of the proficiency testing procedure manual, review of peer review records, and interview with the Clinical Assistant Supervisor, Practice Manager, and General Manager, the laboratory failed to perform the verification of accuracy twice annually of Moh's micrographic examination for 2 of 2 Testing personnel (TP) in 2020 and 2021. Findings Include: 1. On the day of the survey, 07/27/2022 at 09:18 am, a review of peer review records revealed, that the laboratory did not verify twice annually peer review of Moh's microscopic examination for 2 of 2 testing personnel (CMS 209 personnel no 1 and 2) who performed Moh's micrographic examinations in 2020 and 2021. 2. According to the proficiency testing procedure manual, proficiency testing is to be performed twice annually. 3. Based on CMS 116, the laboratory performed 2600 Moh's microscopic examinations in 2021. 4. The Clinical Assistant Supervisor, Practice Manager, and General Manager confirmed the findings above on 7/27/2022 at 10:05 AM.</p> |