

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D1057014	<b>(X3) Date Survey Completed</b>  09/01/2022
<b>Name of Provider or Supplier</b>  Skin Smart Dermatology	<b>Street Address, City, State</b>  910 East Willow Grove Avenue, Wyndmoor, 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>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> 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: Based on review of laboratory procedure manuals and interview with the Mohs Technologist and Office Coordinator, the laboratory failed to establish a competency assessment procedure to assess 1 of 2 Testing Personnel (TP) for their grossing and inking responsibilities from 7/30/2020 to the day of survey. Findings Include: 1. On the day of survey, 08/01/2022 at 09:59 am, the laboratory could not provide a competency assessment procedure to assess the competency for 1 of 2 TP (CMS 209 Personnel #2) from 07/30/2020 to 09/01/2022. 2. The Mohs Technologist could not provide competency assessment documentation for 1 of 2 TP from 07/30/2022 to 09/01/2022. 3. The Mohs Technologist confirmed the findings above on 09/01/2022 around 11:00 am.</p>
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 lack of documentation, and interview with the MOHS Technologist and Office Coordinator, the laboratory failed to ensure that 1 of 2 TP performed the verification of accuracy for MOHS micrographic surgery slides examined from 07/30</p>

/2020 through the date of survey. Findings Include: 1. On the day of survey, 09/01/2022 at 09:42 am, the laboratory could not provide documentation of twice annual verification of accuracy for Hematoxylin and Eosin (H&E) stained slides examined from 07/30/2020 to 09/01/2022 for 1 of 2 TP (CMS 209 personnel # 1). 2. The laboratory performed 158 MOHS micrographic surgery slide examinations in 2021. 3. The MOHS Technologist confirmed the findings above on 09/01/2022 around 11:00 am.