

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D1072929	(X3) Date Survey Completed 09/27/2021
Name of Provider or Supplier Atlantic Dermatopathology Llc	Street Address, City, State 10 Industrial Highway Q3 Suite 1, Lester, 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: Based on review of the competency records, policy, & interview with the Laboratory Supervisor, the Laboratory Director acting as Technical Supervisor, failed to establish written policies and procedures to assess competency for 1 of 2 Clinical Consultants, 1 of 2 Technical Supervisors, and 1 of 2 General Supervisors from (03/25/2019) through the date of the survey. Findings: 1. At the time of the survey, the Laboratory could not provide written policies and procedures to assess Clinical Consultant, Technical Supervisor, & General Supervisor competency. 2. A review of the competency assessment records revealed there was no documentation of supervisor competency assessment from (03/25/2021) through the date of the survey. 3. During the survey at (11:45 09/27/2021), the Laboratory Supervisor confirmed the above findings.</p>