

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D1092722	<b>(X3) Date Survey Completed</b>  05/04/2023
<b>Name of Provider or Supplier</b>  Center For Dermatopathology Pc	<b>Street Address, City, State</b>  101 Chesley Drive Suite 201, Media, 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>D5217</b>	<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 lack of documentation and interview with testing personnel #2 (TP), the laboratory failed to ensure that the verification of accuracy for microscopic and macroscopic histopathology examinations performed by 2 of 2 TP were performed at least twice annually, as required for tests not included in subpart I from 04/15/2021 to the date of the survey. Findings include: 1. On the day of the survey, 05/04/2023 at 10:17 am, the laboratory could not provide documentation that the verification of accuracy for microscopic (Mohs Micrographic surgery slides) and macroscopic (grossing) histopathology examinations was performed at least twice annually from 04/15/2021 to 05/04/2023. 2. The laboratory performed 8094 histopathology examinations in 2022 (CMS 116 annual volume). 3. TP#2 confirmed the findings above on 05/04/2023 around 11:10 am.</p>