

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2015702	(X3) Date Survey Completed 01/23/2025
Name of Provider or Supplier Abington Dermatology Assoc	Street Address, City, State 1190 Old York Rd, Warminster, 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 laboratory procedure manuals and interview with the Histology Technologist (HT), the laboratory failed to establish a competency assessment procedure to assess 1 of 1 testing personnel (TP) who performs MOHS micrographic surgery slide examinations from 01/23/2023 to the day of survey. Finding includes: 1. On the day of the survey 01/23/2025 at 9:25 am the laboratory failed to provide a policy to assess the competency of 1 of 1 TP (CMS 209 TP#1) performing MOHS micrographic surgery slide examinations from 01/23/2023 to 01/23/2025. 2. The HT confirmed the findings above on 01/23/2025 at 9:50am. **Repeat deficiency**</p>
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on observation of the laboratory, lack of maintenance records, and interview with the histology technician (HT), the laboratory failed to perform and document the maintenance and function checks as defined by the manufacturer for 1 of 1 VWR Traceable thermometer/humidity monitor used for monitoring room temperature and</p>

humidity in the histopathology laboratory from 01/23/2023 to the day of the survey. Findings include: 1. On the day of the survey, 01/23/2025 at 09:50 am, observation of the laboratory revealed the following thermometer used for room temperature and humidity monitoring in the histopathology laboratory were due for maintenance: - 1 of 1 VWR Traceable Thermometer due 10/19/2023 2. The laboratory failed to provide maintenance/functions checks records for the VWR Traceable thermometer 10/19/2023 to 01/23/2025. 3. The laboratory performed 1000 histopathology examinations in 2024 (CMS 116, estimated annual volume). 4. The HT confirmed the findings above on 01/23/2025 at 09:50 am.

D6093

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1445(e)(5)

(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;

This STANDARD is not met as evidenced by:
Based on review of laboratory's Quality Assessment (QA) records, and interview with the Histology Technologist (HT), the laboratory director (LD) failed to ensure QA programs were maintained to assure the quality of laboratory services and to identify failures in quality as they occur for 2 out of 5 months from August 2023 to December 2023. Findings include: 1. The laboratory's Quality Assurance policy states: " Monthly the nurse or tech will check off the Monthly Quality Assurance Checklist. The lab director will also review and sign off the checklist monthly." 2. On the day of survey 01/23/2025 at 9:25 am, review of the Monthly QA Assurance Checklists revealed the LD failed to ensure QA was maintained for the following 2 months from August 2023 to December 2023 when MOHS micrographic surgery slide examinations were performed: - October 2023 - December 2023 3. The HT confirmed the findings above on 01/23/2025 at 9:50 am.