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| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>39D2049383         | <b>(X3) Date Survey Completed</b><br><br>09/29/2026 |
| <b>Name of Provider or Supplier</b><br><br>City Dermatology Llc                                                            | <b>Street Address, City, State</b><br><br>3260 Tillman Drive Ste 120, Bensalem, 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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| D5401              | <p>PROCEDURE MANUAL<br/>CFR(s): 493.1251(a)</p> <p>(a) A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on policy review, lack of documentation, and interview with the Mohs Tech (MT), the laboratory director (LD) failed to perform and document the required yearly procedure review as specified in the laboratory's policies for 2 of 2 years from 02/05 /2026 to 09/29/2026. Findings include: 1. On the day of the survey, 09/29/2026 at 9: 00 am, review of the laboratory's policy manual table of content page revealed, "The above policies and procedures have been reviewed and are effective as of open date. It will be updated as procedures change. Reviewed yearly." 2.The LD failed to provide documentation for the yearly policy review performed for 2 of 2 years from 02/05 /2025 to 09/29/2026. 3. The laboratory performed 1,031 histopathology microscopic slide examinations in 2025 (CMS 116, estimated annual volume, dated 09/29/2026). 4. The MT confirmed the finding above on 09/29/2026 at 09:15 am.</p> |