

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2086652	(X3) Date Survey Completed 06/20/2023
Name of Provider or Supplier Pdp West Chester	Street Address, City, State 606 E Marshall St, Suite 107, West Chester, 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 lack of documentation and interview with the Laboratory Manager (LM), the laboratory failed to establish and follow written policy to evaluate the competency of 1 of 2 testing personnel (TP) that performed Mohs micrographic examinations from 05/13/2021 through date of survey. Findings include: 1) On the day of the survey, 06/20/23 at 9:01 am during review of the Mohs procedure manual, the laboratory could not provide a competency assessment procedure for Mohs micrographic examinations. 2) Interview with the LM revealed the laboratory did not perform competency assessment for TP#2 (CMS 209) who began Mohs testing on 07/29/2022. 3) The LM confirmed the above findings on 06/20/2023 around 9:19am.</p>
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Laboratory's Quality Assurance (QA) Program policy records and interview with the Laboratory Manager (LM), the laboratory failed</p>

to follow their written QA policy and did not document 23 of 25 monthly quality assessment activities from 05/13/2021 to date of survey. Findings include: 1) On the date of survey 06/20/2023 at 9:44am review of the Monthly Quality Assurance checklist records revealed the laboratory documented QA monthly activities for January and February of 2022 only. 2) The laboratory's Quality Assurance program policy states, "Monthly the nurse or tech will check off the Monthly Quality Assurance Checklist. This will cover the quality assessment program for procedures used in this office." 3) Interview with the LM confirmed the above findings on 06/20/2023 around 9:50am.