

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D2109579	<b>(X3) Date Survey Completed</b>  08/01/2022
<b>Name of Provider or Supplier</b>  Carlisle Dermatology Group Llc	<b>Street Address, City, State</b>  41 Eastgate Drive, Carlisle, 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 the Assistant Office Manager, the laboratory failed to ensure that 5 of 5 TP performed the verification of accuracy for Scabies (parasitology) microscopic examinations from 03/10/2020 through the date of survey. Findings Include: 1. On the day of survey, 08/01/2022 at 10:00 am, the laboratory could not provide documentation of twice annual verification of accuracy for Scabies (parasitology) microscopic testing from 03/10/2020 to 08/01/2022 for 5 of 5 TP (CMS 209 personnel # 1, 2,3,4, and 5). 2. The laboratory performed 20 Scabies microscopic examinations in 2021. 3. The Assistant Office Manager confirmed the findings above on 08/01/2022 around 10:30 am.</p>
<b>D6053</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory's procedure manuals, review of competency assessment records and interview with the Assistant Office Manager, the Technical Consultant (TC) failed to evaluate and document the performance of 2 of 5 testing personnel (TP) responsible for performing Potassium Hydroxide (KOH) and Scabies examinations</p>

for their semi-annual competency from June 2020 till the day of survey. Findings include: 1. On the day of survey, 08/01/2022 at 09:45 am, the laboratory was unable to produce the semi-annual competency assessment records for 2 of 5 TP (CMS 209 personnel #2 and #5) that performed mycology (KOH) and parasitology (Scabies) slide examinations. -TP # 2 started patient testing 06/2020. -TP # 5 started patient testing 11/2021. 2. The laboratory performed 377 mycology/parasitology tests in 2021. 3. The Assistant Office Manager confirmed the above findings 08/01/2022 around 10:30 am.

**D6127**

**TECHNICAL SUPERVISOR RESPONSIBILITIES**  
CFR(s): 493.1451(b)(9)

The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:  
Based on review of competency assessment record and interview with the Assistant Office Manager, the Technical Supervisor (TS) failed to evaluate and document the performance of 1 of 2 testing personnel (TP) responsible for Mohs micrographic surgery specimen examinations at least semi-annually during their first year from July 2021 to the day of survey. Findings include: 1. On the date of survey, 08/01/2022 at 10:15 am, the laboratory could not provide semi-annual competency assessment documentation for 1 of 2 TP (CMS 209 personnel # 2) who performed Mohs micrographic surgery examinations during their first year. 2. The Assistant Office Manager confirmed that TP#2 joined the practice in 2020 and started performing Mohs micrographic examinations in July 2021. 3. The laboratory performed 2,024 Mohs micrographic examinations in 2021. 4. The Assistant Office Manager confirmed the findings above 08/01/2022 around 10:30 am.