

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 39D2169802	<b>(X3) Date Survey Completed</b> 12/12/2023
<b>Name of Provider or Supplier</b> Ringfeil Advanced Dermatology	<b>Street Address, City, State</b> 569 W Lancaster Ave, Haverford, 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>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> 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 a lack of the laboratory's competency assessment records and interview with the Office Manager (OM), the laboratory failed to establish a competency assessment procedure to assess and follow the competency of 1 of 1 Clinical Consultant (CC), 1 of 1 Technical Supervisor (TS), 1 of 1 General Supervisor (GS) and 1 of 1 Testing Personnel (TP) for their supervisory and testing responsibilities performed in histopathology in 2022 and 2023. Findings include: 1. On the day of survey, 12/12/2023, at 10:25 am, the laboratory failed to provide a competency assessment procedure to assess CC, TS, and GS for their supervisory responsibilities. 2. The laboratory could not provide competency assessment records for the 1 of 1 CC (CMS 209 Personnel #2), 1 of 1 TS (CMS 209 Personnel #2), and 1 of 1 GS (CMS 209 Personnel #2) for their supervisory responsibilities performed in 2022 and 2023. 3. The laboratory failed to provide competency assessment records for TP #1 (CMS 209 Personnel #2) who performed microscopic examination, grossing, inking, and mapping in histopathology laboratory in 2022 and 2023. 4. The OM confirmed the findings above on 12/12/2023 at 12:30 pm.</p>
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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>

This STANDARD is not met as evidenced by:  
Based on lack of documentation and interview with the Office Manager (OM), the laboratory failed to verify twice annually the accuracy of Histopathology examinations performed in 2022 and 2023. Findings include: 1. On the days of survey, 12/12/2023 at 11:00 am, the laboratory could not provide documentation of the bi-annual verification of accuracy for 2022 and 2023 for the following: - Hematoxylin and Eosin (H&E) microscopic examinations. 2. Laboratory's Proficiency Testing manual stated that frozen section slides from Mohs surgery and frozen section biopsy are sent for external peer review bi-annually. 2. The OM confirmed the findings above on 12/12/2023 around at 12:30 pm.