

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2200334	(X3) Date Survey Completed 03/13/2023
Name of Provider or Supplier Sylvan Dermatology Llc	Street Address, City, State 32 Parking Plaza, Suite 300, Ardmore, 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
D5217	<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 laboratory director (LD), the laboratory failed to ensure that the verification of accuracy for MOHS micrographic surgery slide examinations was performed at least twice annually in 2021. Findings Include: 1. On the day of the survey, 03/13/2023 at 09:30 am, the laboratory could not provide documentation that the verification of accuracy for MOHS micrographic surgery slide examinations was performed at least twice annually in 2021. 2. The laboratory performed 2 MOHS micrographic surgery slide examinations in 2021. 3. The LD confirmed the finding above on 03/13/2023 around 10:30 am.</p>