

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D2229796	<b>(X3) Date Survey Completed</b>  12/15/2021
<b>Name of Provider or Supplier</b>  Schweiger Dermatology Group	<b>Street Address, City, State</b>  860 First Avenue, Suite 8b, King Of Prussia, 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>D5805</b>	<p><b>TEST REPORT</b> CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on the review of patient test reports and interview with General Manager (GM), the laboratory failed to include the laboratory's name on 3 of 3 patient test reports for Mohs microscopic examinations from 07/16/2021 to the day of survey. Finding Include: 1. On the day of survey, 12/15/2021 at 09:45 a.m., review of Mohs test reports revealed, the final test reports did not include the laboratory's name from 07/16 /2021 to the day of survey 2. The GM confirmed the finding above on 12/15/2021 around 10:30 a.m.</p>