

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2238875	(X3) Date Survey Completed 03/03/2022
Name of Provider or Supplier Dermatology Partners-Port Richmond	Street Address, City, State 2310 E Allegheny Ave, Philadelphia, 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
D5805	<p>TEST REPORT 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 Dermatopathology Reports and interview the Laboratory Director, the lab failed to include the location of where Mohs slides reading is performed on the Patient reports from October 10, 2021 to the date of survey. Finding Include: 1. On the date of survey , 03/03/2022 at 10:00 a.m, review of 3 of 3 Dermatopathology reports reveled that the address on the report was not the current location where slide reading is performed. 2. The LD confirmed the finding above on 03/03/2022 around 10:30 a.m.</p>