

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D2290721	<b>(X3) Date Survey Completed</b>  02/28/2024
<b>Name of Provider or Supplier</b>  Dermatology Partners - Yardley	<b>Street Address, City, State</b>  209 Floral Vale Blvd, Yardley, 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>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 review of patient test reports and interview with the Director of Training and Compliance (DTC), the laboratory failed to include the location of where Dermatopathology microscopic examinations were performed on the patient test report from 09/29/2023 to the date of survey. Findings include: 1. On the date of survey, 02/28/2024 at 11:00 am, review of 2 of 2 Dermatopathology patient test reports revealed documentation of dermatopathology microscopic examination test results without the address of where the microscopic examinations were performed. 2. The DTC confirmed the above findings on 02/28/2024 at approximately 11:06 am.</p>