

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2141563	(X3) Date Survey Completed 02/13/2019
Name of Provider or Supplier Hw Dermatology, Pllc	Street Address, City, State 10238 E Hampton Ave Ste 404, Mesa, AZ	
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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's policy and procedure manual and interview the laboratory personnel, the laboratory failed to follow policy and procedures related to maintenance of (A) the microscope and (B) the cryostat used for testing under the sub-specialty of Histopathology. Findings include: (A)1. The microscope maintenance policy indicated that the the microscope stage and oculars are to be cleaned as needed, the grounding check monitored monthly and that every action be recorded on the microscope maintenance form. (B)1. The cryostat maintenance policy included the recording of the temperature, defrosting of the cryostat weekly, interior cleaned weekly, air filter cleaned every six months, moving parts oiled every six months and that every action be recorded on the cryostat maintenance form. 2. No completed microscope maintenance forms or completed cryostat maintenance forms were presented for review. The laboratory personnel did document the cryostat temperatures on a separate form. 3. The laboratory personnel stated that they did not realize the forms were included in the policy and procedure manual. 4. The laboratory began testing in January 2018. Testing was performed approximately once a month with an annual test volume of 180.</p>