Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	09D0209146	09/08/2023
Name of Provider or Supplier	**Street Address, City, State**	
Braun Dermatology	3301 New Mexico Avenue Nw, Suite 301, Washington, DC	

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
D6094	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. This STANDARD is not met as evidenced by: Based on review of the written quality assurance (QA) procedure, review of the lab records, and interview with the testing personnel (TP), The laboratory director (LD) failed to ensure that QA procedures were performed for accurate and reliable patient testing. Findings: A. 1. The LD failed to document on the QA log that autoclave V298485 was out of service and the corrective actions performed from October 2022 to March 2023. 2. The laboratory performs MOHS testing. 3. The lab has two autoclaves. The TP stated that autoclave V298485 was out of service during the months of October and November 2022. The lab had only one functioning autoclave. 4. The autoclave was serviced on December 8, 2022. The service report stated that the autoclave temperature stalled at 70 degrees Fahrenheit, and parts were ordered. The autoclave was fixed March 9, 2023 5. The autoclave quality control and maintenance procedure states to ensure that the autoclave is functioning properly for accurate and reliable patient testing. 6. The TP confirmed on the day of the survey around 12:30 PM that the LD failed to perform QA procedures on the out of service autoclave. B. 1. The LD failed to review and ensure that the H&E Stainer reagents were changed or accepted for accurate and reliable patient testing. 2. The laboratory performs MOHS testing and patient slides are stained for review by the LD. 3. The TP stated that the lab H&E stains are changed as needed. 4. The QA procedure states that the H&E Stainer reagents are monitored for quality each day of patient testing and changed or accepted and documented on the maintenance log. 5. Review of the H&E Stainer reagents log showed no entries of stain changes or acceptability. 6. The TP confirmed

	on the day of the survey around 12:30 PM that the LD failed to perform QA procedures on the H&E Stainer reagents stain changes or acceptability.