

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D2136302	(X3) Date Survey Completed 07/11/2019
Name of Provider or Supplier Regional Dermatology	Street Address, City, State 989 Governors Ln, Lexington, KY	
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 staff interview and record review on July 11, 2019, the laboratory failed to perform and document maintenance procedures as required and recommended by the manufacturers of the microscope. Findings Include: 1. Record review on 07/11/19 at 9:00 AM, revealed there was no documented evidence of annual microscope maintenance for Two (2) of Two (2) microscopes from December 11, 2017 through July 10, 2019. 2. Interview with laboratory staff, on 07/11/19 at 9:05 AM, revealed the laboratory failed to establish a system in place from December 11, 2017 through July 10, 2019, to ensure microscope maintenance was performed and documented as required.</p>