Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D2014889	07/10/2026
Name of Provider or Supplier	**Street Address, City, State**	
Delta Pathology Group, Llc - Women's & Children's	4600 Ambassador Caffrey, Lafayette, LA	

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
D0000	A Recertification survey was performed at Delta Pathology Group, LLC-Women's & Children's, CLIA ID 19D2014889, on July 10, 2026. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5433	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(1) (b)(1)(i) Establish a maintenance protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(1)(ii) Perform and document the maintenance activities specified in paragraph b(1)(i) of this section. This STANDARD is not met as evidenced by: Based on review of maintenance records, frozen section patient reports, and interview with personnel, the laboratory failed to ensure the cryostat disinfection maintenance procedures were performed each day of use per the laboratory's policy for one (1) of one (1) day reviewed. Findings: 1. Review of the laboratory's "Cryostat Cleaning Disinfection/Fumigation & Maintenance Log Cryostat Model: Tissue Tek Cryo3" revealed "using Cryostat Disinfection Cycle Each Day of Use." 2. Further review of the laboratory's "Cryostat Cleaning Disinfection/Fumigation & Maintenance Log" and frozen section patient report revealed the cryostat was used June 22, 2026. The cryostat disinfection cycle was not performed June 22, 2026. 3. In interview on July 10, 2026 at 1:20 pm, the Director of AP stated the identified disinfection procedure should have been performed on June 22, 2026. The Director of AP confirmed the laboratory did not perform the identified task.
D6095	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(6)

	(e)(6) Ensure the establishment and maintenance of acceptable levels of analytical performance for each test system; This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to ensure maintenance procedures were followed to ensure acceptable levels of test performance. Refer to D5433.