Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D2111077	06/18/2026
Name of Provider or Supplier	**Street Address, City, State**	
John Chapman, Llc	120 Rue Betancourt, Thibodaux, 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 on June 18, 2026 at John Chapman, LLC, CLIA ID # 19D2111077. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) (b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (b)(1) Water quality. (b)(2) Temperature. (b)(3) Humidity. (b)(4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on observation, review of the manufacturer's instructions and the laboratory's temperature records, as well as interview with personnel, the laboratory failed to define acceptable room temperature limits within the manufacturer's required limits for supplies stored in the laboratory. Findings: 1. Observation by surveyor during the laboratory tour on June 18, 2026 at 8:45 a.m. revealed the following marking dyes stored in the laboratory: a) Mercedes Medical Platinum Line Tissue Marking Dye Blue - Manufacturer's storage requirements 20 - 30 degrees Celsius b) Mercedes Medical Platinum Line Tissue Marking Dye Red - Manufacturer's storage requirements 20 - 30 degrees Celsius c) Mercedes Medical Platinum Line Tissue Marking Dye Green - Manufacturer's storage requirements 20 - 30 degrees Celsius 2. Review of the laboratory's "Ambient Temperature and Humidity Control Check" log from January 2026 through June 2026 revealed the laboratory defined the acceptable room temperature limits as 18 - 35 degrees Celsius which exceeded the manufacturer's

	upper and lower limits. 3. In interview on June 18, 2026 at 10:45 a.m., the Laboratory Assistant confirmed the laboratory's acceptable room temperature limits exceeded the manufacturer's limits as identified above.
D5415	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c) (c) Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (c)(1) Identity and when significant, titer, strength or concentration. (c)(2) Storage requirements. (c)(3) Preparation and expiration dates. (c)(4) Other pertinent information required for proper use. This STANDARD is not met as evidenced by: Based on observation, review of the laboratory's logs, and interview with personnel, the laboratory failed to label four (4) of six (6) marking dyes stored with the identity of the contents, lot number, and/or expiration date. Findings: 1. Observation by surveyor during the laboratory tour on June 18, 2026 at 8:45 a.m. revealed the following items stored in secondary containers without the identity of the contents, lot numbers, and/or expiration dates: a) Bottle of yellow marking dye - No identity of the contents, lot number, and expiration date b) Bottle of green dye - No expiration date c) Bottle of blue dye - No lot number or expiration date 2. Review of the laboratory's log "Labeling of a permanent Secondary Bottle Quality Check" revealed the laboratory documented performance of monthly checks from January 2025 through December 2025, but did not document performance of checks from January 2026 through June 2026. 3. Further observation revealed the following bottle of dye in the original container, but the label with the lot number and expiration date was unreadable: a) Mercedes Medical Platinum Line Tissue Marking Dye Blue 4. In interview on June 18, 2026 at 8:50 a.m., the Laboratory Assistant confirmed the containers of dye were not labeled as identified above.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: *** Repeat deficiency from previous recertification survey performed on August 30, 2024.*** Based on observation, review of the laboratory's logs, and interview with laboratory personnel, the laboratory failed to ensure supplies did not exceed their expiration dates in one (1) of one (1) rooms where supplies are stored. Findings: 1. Observation by surveyor during the laboratory tour on June 18, 2026 at 8:45 a.m. revealed the following expired item: Mercedes Medical Platinum Tissue Marking Dye Red, Lot 51126, Manufacturer's expiration date 04/2017 (1 bottle). 2. Review of the laboratory's "Lab Reviewed for Expired Items" log revealed monthly checks were performed from January 2025 through December 2026 but were not performed from January 2026 through June 2026. 3. In interview on June 18, 2026 at 8:50 a.m., the Laboratory Assistant confirmed the bottle identified above was expired.

D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by: Based on observation by surveyor; review of the laboratory's policies, patient test records, and maintenance records; and interview with personnel, the laboratory failed to perform the daily maintenance for the two (2) Leica cryostats for one (1) of eight (8) days reviewed. Findings: 1. Observation by surveyor during the laboratory tour on June 18, 2026 at 8:45 a.m. revealed the laboratory utilized two (2) Leica cryostats for Mohs (Histopathology) testing. 2. Review of the laboratory's "Lab Maintenance" policy revealed "All Laboratory equipment is to be cleaned at the end of every Moh's day....The Leica cryostats are cleaned at the end of every Moh's day. The interior is cleaned with reagent alcohol or methanol. The exterior is cleaned with an all-purpose cleaner." 3. Review of a random selection of patient test records revealed the laboratory performed testing on the cryostats on June 4, 2026. 4. Review of the laboratory's June 2026 maintenance records for the cryostats revealed "Clean Interior Day of Surgery" was not performed on June 4, 2026. 5. In interview on June 18, 2026 at 11:15 a.m., the Laboratory Assistant confirmed daily maintenance on the Leica cryostats was not documented as identified above. 6. Review of the laboratory's patient test records for June 4, 2026 revealed seventeen (17) patients were tested.
D6087	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(3)(iii) (e)(3)(iii) Laboratory personnel are performing the test methods as required for accurate and reliable results; This STANDARD is not met as evidenced by: Based on observation, record review, and interview with personnel, the Laboratory Director failed to ensure the laboratory personnel performed test methods as required. Findings: 1. The laboratory failed to define acceptable room temperature limits within the manufacturer's required limits for supplies stored in the laboratory. Refer to D5413. 2. The laboratory failed to label four (4) of six (6) marking dyes stored with the identity of the contents, lot number, and/or expiration date. Refer to D5415. 3. The laboratory failed to ensure supplies did not exceed their expiration dates in one (1) of one (1) rooms where supplies are stored. Refer to D5417.
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 observation, record review, and interview with personnel, the Laboratory Director failed to ensure that the laboratory performed required maintenance. Refer to D5429.