Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D2173230	06/16/2026
Name of Provider or Supplier	**Street Address, City, State**	
John Chapman, Llc	101 Rue Fontaine Bldg 4, 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 on June 16, 2026 at John Chapman, LLC, CLIA ID # 19D2173230. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5609	HISTOPATHOLOGY CFR(s): 493.1273(e)(f) (e) The laboratory must use acceptable terminology of a recognized system of disease nomenclature in reporting results. (f) The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on review of the laboratory's policies and procedures, patient logbooks, and quality control logs; and interview with personnel, the laboratory failed to perform quality control for Hemotoxylin and Eosin stain each day of patient testing for eight (8) of eight (8) random dates selected from January 2025 through June 2026. Findings: 1. Review of the laboratory's policy "Quality Control" revealed "A daily quality control is done each surgery day. The first slide of the day is evaluated by the physician to make sure staining and microtomy are acceptable." 2. Review of the laboratory's patient log book for the following random selection of eight (8) dates revealed the laboratory performed patient testing on the following patients: a) 01/06 /2025 - Case 001 b) 03/24/2025 - Case 495 c) 06/30/2025 - Case 1265 d)10/02/2025 - Case 2041 e) 01/20/2026 - Case 128 f) 03/09/2026 - Case 542 g) 05/12/2026 - Case 1173 h) 06/02/2026 - Case 1357 2. Review of the laboratory's quality control logs for the eight (8) dates identified above revealed the laboratory did not document quality control. 3. In interview on June 16, 2026 at 11:01, the Laboratory Director confirmed quality control was not documented on the dates identified above.
D6093	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)

	(e)(5) Ensure that the quality control and 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 record review and interview with personnel, the Laboratory Director failed to ensure the quality assessment programs were established to assure the quality of laboratory testing. Refer to D5609.