

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0213305	(X3) Date Survey Completed 09/06/2018
Name of Provider or Supplier Derm Associates, Pc	Street Address, City, State 10313 Georgia Avenue Ste 309, Silver Spring, MD	
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
D5403	<p>PROCEDURE MANUAL CFR(s): 493.1251(b)</p> <p>The procedure manual must include the following when applicable to the test procedure: (1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (2) Microscopic examination, including the detection of inadequately prepared slides. (3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (5) Calibration and calibration verification procedures. (6) The reportable range for test results for the test system as established or verified in 493.1253. (7) Control procedures. (8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (9) Limitations in the test methodology, including interfering substances. (10) Reference intervals (normal values). (11) Imminently life-threatening test results, or panic or alert values. (12) Pertinent literature references. (13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (14) Description of the course of action to take if a test system becomes inoperable.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with lab staff, the lab written procedure for maintaining the hematoxylin and eosin stain reagents for histology did not instruct lab staff to change the eosin stain reagent weekly and change the hematoxylin stain reagent monthly as stated by staff during interview on the afternoon of the survey.</p>
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</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.

This STANDARD is not met as evidenced by:

Based on review of maintenance records, lab staff did not record their initials in the 2018 cryostat maintenance log, to show that they performed the daily maintenance duties. Staff placed a check mark on the worksheet, the check was place in the row used for staff to record their initials.