

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D0213305	<b>(X3) Date Survey Completed</b>  01/24/2023
<b>Name of Provider or Supplier</b>  Derm Associates, Pc	<b>Street Address, City, State</b>  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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5429</b>	<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 observation of preventive maintenance records and interview with the laboratory staff on the morning of the day of survey, the laboratory did not provide preventive maintenance records for the sterilizer for January to March of 2022. Findings: 1. The preventive maintenance records for the weekly spore check of the sterilizer used for MOHS surgery for the months of January, February and March of 2022 were missing from the laboratory log; and 2. During interview it was confirmed that the records were not in the written log.</p>