

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D1085740	(X3) Date Survey Completed 10/21/2022
Name of Provider or Supplier Ali Hendi, Md, Pc	Street Address, City, State 5454 Wisconsin Avenue Suite 725, Chevy Chase, 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
D5417	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of stain records for stain changes and topping off histology stains for 2022, the records did not differentiate between topping off and changes for the histopathology H& E stain. This was confirmed during interview with the histotechnician the afternoon of the survey.</p>