

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D2079951	<b>(X3) Date Survey Completed</b>  04/04/2018
<b>Name of Provider or Supplier</b>  Anne Arundel Dermatology	<b>Street Address, City, State</b>  1185 Imperial Drive Ste 201, Hagerstown, 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 review of maintenance records and interview with the testing person, the laboratory did not maintain maintenance records for all instruments utilize for performing patient testing and for the overall acceptability of laboratory testing. Findings: 1. The laboratory did not have a record of the autoclave spore checks performed during the year 2017 up to the time of survey. 2. The testing person stated that spore checks were performed on the autoclave but documentation of the check was not available.</p>