

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D2302338	(X3) Date Survey Completed 09/03/2026
Name of Provider or Supplier Dermatology Partners Sparks	Street Address, City, State 10 Fila Way Suite 205, Sparks, 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
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) 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 procedure and record review and interview with the senior director of clinical development (SDCD), the laboratory failed to document routine maintenance activities performed on the cryostat and automatic stainer. Findings: 1. The "Cryostat Maintenance" procedure included instructions for daily, weekly, and monthly routine maintenance tasks. 2. The "Stain Maintenance Auto-Stainer" procedure included instructions for cleaning the instrument and staining containers. 3. Review of records from 04/2025-08/2026 showed that there were no logs to document the routine maintenance tasks performed for the cryostat and automatic stainer. 4. During the survey on 09/03/2026 at 11:38 AM, the SDCD confirmed that routine maintenance tasks performed for the cryostat and automatic stainer were not documented.