

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  22D0687234	<b>(X3) Date Survey Completed</b>  02/25/2026
<b>Name of Provider or Supplier</b>  Adult & Pediatric Dermatology, Pc	<b>Street Address, City, State</b>  133 Littleton Road, Ste 310, Westford, MA	
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>D0000</b>	A CLIA recertification survey was conducted for the Adult & Pediatric Dermatology, PC laboratory on 02/25/2026 pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493.
<b>D5293</b>	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by:                      . Based on record review and interview the laboratory failed to perform ongoing quality assessment of its policies and procedures. Findings include: 1.Review of the laboratory Quality Assurance manual revealed: a. Monthly Quality Assurance checklists signed by the laboratory director for 16 of 25 months from January 2024 to date. b. No Monthly Quality Assurance checklists signed by the laboratory director for May 2025 to January 2026. 2.During staff interview on 2/25/2026 at 12:00PM the practice manager stated, "that has not been done." The laboratory performs 105,538 Histopathology tests annually.</p>