

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0985117	(X3) Date Survey Completed 05/01/2025
Name of Provider or Supplier Wmps At Berkshire Cosmetic & Reconstructive	Street Address, City, State 426 South St, Pittsfield, MA	
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	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) 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 interview with the Laboratory Director (LD) and review of the preventive maintenance logs, the laboratory failed to perform and document monthly maintenance as instructed by manufacturer in the specialty of Histopathology. Findings include: 1. Record review on 4/28/2025 of the laboratory's Cryostat 2023, 2024 and 2025 to date preventative maintenance logs revealed: a. The laboratory failed to perform the required monthly maintenance for 6 of 12 months in 2023. b. The laboratory failed to perform the required monthly maintenance for 2 of 12 months in 2024. 2. Record review on 4/28/2025 of the Cryostat instrument manual revealed: a. Monthly Maintenance Chart "Decontaminate and Defrost." "Empty waste container and disinfect with 10% bleach." 3. Record review on 4/28/2025 of the laboratory's Cryostat 'Decontamination and Cleaning' Procedure revealed: a. "Routine decontamination and defrosting must be performed." b. "Decontaminate by using 10% bleach (sodium hypochlorite) once monthly or more often if necessary." c. "Defrost the cryostat once a month." d. "Note the decontamination/cleaning on the 'Cryostat area QC log'." 4. Staff interview with the LD on 4/28/2025 at 10:05 AM confirmed the above findings. 5. The laboratory performs 1,500 tests annually in the specialty of Histopathology.</p>
D6084	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(2)</p> <p>provide a safe environment in which employees are protected from physical, chemical, and biological hazards;</p>

This STANDARD is not met as evidenced by:

Based on record review and interview with the Laboratory director (LD) the LD failed to ensure the physical plant and environmental conditions ensure a safe environment where employees are protected from physical, chemical, and biological hazards. This is a repeat violation. Findings include: 1. Record review on 4/28/2025 of the laboratory's eyewash maintenance and function check records revealed the laboratory failed to check the eyewash for 1 of 12 months in 2024. 2. Interview with the LD on 4/28/2025 at 10:00 AM confirmed the above findings.