Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	22D1000755	07/28/2026
Name of Provider or Supplier	**Street Address, City, State**	
Pioneer Valley Dermatology	29 B Cottage Street, Amherst, 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
D3011	FACILITIES CFR(s): 493.1101(d) Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials. This STANDARD is not met as evidenced by: Based on surveyor observation, record review and staff interview with the Mohs Clinical Resource Manager (MCRM) and the Practice Manager (PM) the laboratory failed to verify the function of the eyewash station on a weekly basis as no documentation or other evidence demonstrated that the required checks were performed. Findings include: 1. Surveyor observation on 7/28/2026 at 11:45 AM of the laboratory potassium hydroxide (KOH)/wetmount area identified one plumbed eyewash station. 2. Record review on 7/28/2026 of the laboratory's 2025 and 2026 "Eyewash Weekly Inspection Logs" located in the KOH/wet mount testing area revealed the following: a. The laboratory failed to perform weekly function checks of the eyewash station during 13 of 37 weeks after assuming responsibility for KOH and wet mount testing in April 2025. b. The laboratory failed to perform weekly function checks of the eyewash station during 6 of 23 weeks from January 2026 through the date of review. c. The laboratory did not document corrective action for the missed weekly function checks described above. 3. Record review on 7/28/2026 of the laboratory's "Quality Assurance Daily, Weekly & Monthly" checklists from April 2025 through the date of review revealed the following: a. The checklist included an item for the eyewash station that stated: "Eyewash Station, labeled and unobstructed station, adequate pressure, portals covered." b. Review of the July 2025 through December 2025 checklists revealed the eyewash station item was checked for 4 of 6 months, the checklists were signed as reviewed for 3 of 6 months, and one checklist was left blank. c. Review of the January 2026 through June 2026 checklists revealed the eyewash station item was checked for 3 of 6 months, was not checked for 1 of 6

	months without documented corrective action, the checklists were signed as reviewed for 4 of 6 months, and one checklist was left blank. 4. Staff interview with the MCRM and PM on 7/28/2026 at 11:15 AM confirmed the above findings. The MCRM stated, "We acquired the KOH and wetmount practice in April of 2025 and someone else is in charge of it." 5. The laboratory performs 200 Microbiology tests annually.
D6046	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8) (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently. The procedures for evaluation of the competency of the staff must include, but are not limited to-- This STANDARD is not met as evidenced by: Based on record review and staff interview with the Mohs Clinical Resource Manager (MCRM) the laboratory failed to perform testing personnel (TP) competency assessment evaluations annually in the subspecialty of parasitology. Findings include: 1. Record review on 7/28/2026 of the laboratory's 2025 and 2026 to date TP competency files revealed, 4 of 4 parasitology, wet mount TP did not have annual competency assessment in 2025 or 2026 to date. 2. Staff interview with the MCRM on 7/28/2026 at 11:00 AM confirmed the above findings. The MCRM stated, "We acquired the KOH and wetmount practice in April of 2025." 3. The laboratory performs 200 Microbiology tests annually.