

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  22D1074192	<b>(X3) Date Survey Completed</b>  05/22/2026
<b>Name of Provider or Supplier</b>  Kuchnir Dermatology And Dermatologic Surgery	<b>Street Address, City, State</b>  1 Maple Street, Milford, 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>D3011</b>	<p>FACILITIES CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor observation, record review and staff interview with the histology preparation technician (HPT), the laboratory failed to have a written policy for verifying the function of the eyewash station, and no evidence was found that routine checks were performed. Findings include: 1. Surveyor observation on 5/22/2026 at 11:00 AM of the laboratory area identified 1 plumbed eyewash station. 2. Record review on 5/22/2026, of the laboratory's procedure manual revealed the manual did not include a policy addressing eyewash maintenance and function checks. 3. Record review on 5/22/2026 of the laboratory's 2024, 2025 and 2026 to date equipment maintenance records revealed a document titled 'Eyewash Station' containing weekly dates. Review further revealed a "Checked By" column that had not been initialed from 7/20/2024 through the time of the survey. 4. Staff interview with the HPT on 5/22/2026 at 11:15 AM confirmed the above findings. The HPT stated, "I checked it, I just didn't get a change to initial the sheet."</p>
<b>D5433</b>	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(1)</p> <p>(b)(1)(i) Establish a maintenance protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(1)(ii) Perform and document the maintenance activities specified in paragraph b(1)(i) of this section.</p>

This STANDARD is not met as evidenced by:

Based on record review and interview with the histology preparation technician (HPT) the laboratory did not have a written policy for performing preventative maintenance on the laboratory microscopes and did not perform the weekly maintenance as indicated on the laboratory's maintenance worksheets within the specialty of Histopathology. Findings include: 1. Surveyor observation on 5/22/2026 at 10:15 AM of the laboratory and office area identified 2 microscopes. 2. Record review on 5/22/2026, of the laboratory's procedure manual revealed the manual did not include a policy addressing microscope maintenance and function checks. 3. Record review on 5/22/2026 of the laboratory's 2024, 2025 and 2026 to date equipment maintenance records revealed a document titled 'Microscope Maintenance' containing weekly dates. Review further revealed a "Checked By" column that had not been initialed from 7/20/2024 through the time of the survey. 4. Staff interview with the HPT on 5/22/2026 at 10:31 AM: a. Confirmed that microscope cleaning is required to be performed weekly, as indicated on the maintenance sheets. b. The HPT stated, "I was told I didn't need to do weekly maintenance if I did yearly preventative maintenance." 5. The laboratory performs 896 tests annually in the specialty of Histopathology.