Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	31D2134444	05/17/2018
Name of Provider or Supplier	**Street Address, City, State**	
Dermpath Service	676 Us Highway 202/206 N Building #2, Bridgewater, NJ	

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**
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. (f) The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on lack of Quality Control records and interview with the Laboratory Director (LD), the laboratory failed to document positive and negative reactivity of Immunochemical Stains and the reaction of the Special and Hematoxylin Eosin stains used in Histopathology from 1/1/18 to the date of the survey. The LD confirmed on 5 /17/18 at 2:00 pm that stain reactions were not documented.