Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	33D2024508	03/12/2026
Name of Provider or Supplier	**Street Address, City, State**	
Farah Dermatology & Cosmetics Llc	1000 East Genesee Street Ste 601, Syracuse, NY	

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
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) (b) The procedure manual must include the following when applicable to the test procedure: (b)(1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (b)(2) Microscopic examination, including the detection of inadequately prepared slides. (b)(3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (b)(4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (b)(5) Calibration and calibration verification procedures. (b)(6) The reportable range for test results for the test system as established or verified in 493.1253. (b)(7) Control procedures. (b)(8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (b)(9) Limitations in the test methodology, including interfering substances. (b)(10) Reference intervals (normal values). (b)(11) Imminently life-threatening test results, or panic or alert values. (b)(12) Pertinent literature references. (b)(13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (b)(14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: Based on review of the laboratory's Standard Operating Procedures (SOPs) manual, lack of thermometer calibration records, as well as interviews with the Laboratory Director (LD), Practice Manager (PM), and Clinical Consultant (CC), the laboratory failed to draft and approve calibration and calibration verification procedures. FINDINGS: 1. There was no documentation of calibration for the digital Anypro Temperature and Humidity Monitor used to monitor the ambient room temperature and humidity in the Mohs laboratory. 2. The current, approved Mohs Procedure

	Manual did not include policies and procedures for thermometer calibration, replacement, and certificate retention. 3. The LD, PM, and CC confirmed the findings on March 12, 2026, at approximately 3:30 P.M.
D5411	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a) (a) Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253. This STANDARD is not met as evidenced by: Based on direct observations, review of the Safety Data Sheets (SDS), reagent manufacturer's storage requirements, SOPs, as well as interviews with the LD, PM, and CC, the laboratory failed to comply with manufacturer's instructions for conditions that are essential for proper storage of reagents. FINDINGS: 1. The surveyor observed in the Mohs processing laboratory on March 12, 2026, at approximately 10:15 A.M., the following reagents and processing materials were not properly stored in a flammable materials storage cabinet as required by the SDS and the reagent manufacturer's storage requirements: a. Avantik CoverMount 2, Toluene Based, 120 mL/ 4 oz., lot: 242607, expiration: October 31, 2027, two units were retained in an upper cabinet in the Mohs processing laboratory. b. Avantik Eosin Y Cytoplasmic Stain, lot: 219661, expiration: January 31, 2027, received: April 4, 2025, two one-gallon units were retained in a lower cabinet in the Mohs processing laboratory. c. National Diagnostics Histoclear Histological Clearing Agent, lot: 08-24-15, expiration: August 2029, received: April 4, 2025, one gallon unit was retained in a lower cabinet in the Mohs processing laboratory. 2. This was contrary to information indicated in the laboratory's Mohs Procedure Manual Chemical Hygiene Plan regarding the handling and storage of hazardous chemicals. Furthermore, this was contrary tasks listed on the Mohs Log binder Tech Evaluation form indicating safe and proper handling and storage of chemicals was followed by the Mohs technician. In addition, this is also contrary to information indicated in the SDS. 3. The LD, PM, and CC confirmed the findings on March 12, 2026, at approximately 3:30 P.M.