

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 34D0240587	(X3) Date Survey Completed 05/09/2024
Name of Provider or Supplier Southern Dermatology	Street Address, City, State 4201 Lake Boone Trail, Suite 200, Raleigh, NC	
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
D5433	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(1)</p> <p>For equipment, instruments, or test systems developed in-house, commercially available and modified by the laboratory, or maintenance and function check protocols are not provided by the manufacturer, the laboratory must 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. The laboratory must perform and document the maintenance activities specified in paragraph (b)(1)(i) of this section.</p> <p>This STANDARD is not met as evidenced by: Based upon review of the laboratory's procedures, review of 2023 and 2024 maintenance logs and interview with Processor #2 on 5/9/24, the laboratory does not perform and document all automated stainer maintenance activities. Findings: Review of the Histopathology Mohs Micrographic Surgery procedure revealed in Section "E. Staining" that "...The entire linear stainer gets emptied and cleaned with 10% bleach solution about every month..." Review of 2023 and 2024 maintenance logs revealed no documentation of the stainer being emptied and cleaned with bleach solution. In interview at approximately 3:00 p.m. on 5/9/24, Processor #2 stated the following: 1. The stainer is cleaned with a bleach solution monthly. 2. This activity is not documented.</p>