

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0686823	(X3) Date Survey Completed 06/11/2019
Name of Provider or Supplier Dermatology Assoc Of Western Pa	Street Address, City, State 500 Cherrington Parkway, Suite 410, Coraopolis, PA	
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
D5449	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on quality control record review and interview with the Laboratory Director and Histology Laboratory Assistant on (06/11/2019), the laboratory failed to include a positive and negative control each day of patient testing for KOH and Scabies examination. Findings include: 1.The laboratory did not include a negative and positive control at least once a day patients specimens were examined for KOH and Scabies tests preformed from (01/26/2019) through the date of survey (06/11/2019). 2. 30 specimens were examined for Scabies from 11:30/2017 through 03/15/2019. 3. 185 specimens were examined for KOH test from 11:15/2017 through 06/11/2019. 4. During the survey (15:00 06/11/2019), the Histology Laboratory Assistant , confirmed that positive and negative controls are not documented each day of patient testing for KOH and Scabies Examination.</p>