

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D1000156	<b>(X3) Date Survey Completed</b>  02/03/2026
<b>Name of Provider or Supplier</b>  Jefferson Dermatopathology	<b>Street Address, City, State</b>  33 A 9th Street, Suite 745, Philadelphia, PA	
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>D3031</b>	<p><b>RETENTION REQUIREMENTS</b> CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. In addition, retain the following:</p> <p>This STANDARD is not met as evidenced by: Based on lack of documentation, and interview with the Laboratory Manager (LM), the laboratory failed to retain Daily quality control (QC) records for 1 of 1 month in 2024. Findings include: 1. On the day of survey, 02/03/2026 at 12:30 pm, the laboratory failed to provide documentation for daily QC log for 1 of 1 month for May of 2024. 2. The LM confirmed the above findings on 02/03/2026 at 1:00 pm, stating that original QC log was misplaced and new one started later that month.</p>
<b>D5291</b>	<p><b>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT</b> CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on lack of Quality Assessment (QA) documentation, review of procedure manual and interview with the Laboratory Manager (LM), the laboratory failed to follow written policies to continually monitor, assess and correct problems identified in the general laboratory systems for 5 of 12 months when microscopic slide</p>

examinations (dermatopathology) were performed from 03/14/2024 to date of survey. Findings include: 1. The Jefferson Dermatopathology Procedure manual for Histopathology stated: " POCT lab checklist is done monthly and emailed to our Administrator." 2. On the day of the survey, 02/03/2026 at 11:30 am, the laboratory could not provide QA documentation for the ongoing monitoring and assessments of their general laboratory systems for the following 5 of 12 months in 2024: - Monthly Laboratory QA checklist for: - March 2024 - April 2024 - May 2024 - June 2024 - July 2024. 3. The LM confirmed the above findings on 02/3/2026 at 1:00 pm.