

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D1072929	<b>(X3) Date Survey Completed</b>  03/25/2019
<b>Name of Provider or Supplier</b>  Atlantic Dermatopathology Llc	<b>Street Address, City, State</b>  10 Industrial Highway Q3 Suite 1, Lester, 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>D5601</b>	<p><b>HISTOPATHOLOGY</b> CFR(s): 493.1273(a)(f)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of stain quality control (QC) records and interview with the Histology Supervisor, the laboratory failed to document all (QC) procedures performed from 07/25/2017 through 03/25/2019. Findings include: 1. The laboratory performed 5,052 Immunohistochemical (IHC) stains from 07/25/2017 through 03/25/2019. 2. The laboratory failed to find (QC) records for (IHC) stains performed from 07/25/2017 through 03/25/2019. 3. During the Survey (11:25 03/25/2019), the Histology Supervisor confirmed that the records were missing.</p>