| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number**<br><br>39D2053764 | **(X3) Date Survey Completed**<br><br>03/26/2025 |
|---|---|---|
| **Name of Provider or Supplier**<br><br>Oleg Volchonok Md Pc | **Street Address, City, State**<br><br>11400 Bustleton Ave, Philadelphia, 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** |
|---|---|
| **D5429** | MAINTENANCE AND FUNCTION CHECKS<br>CFR(s): 493.1254(a)(1)<br><br>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation of the laboratory, lack of documentation, and interview with the office manager (OM), the laboratory failed to perform and document the maintenance and function checks as defined by the manufacturer for 1 of 1 Fisher Brand Traceable thermometer/humidity monitor used for monitoring room temperature and humidity in the histopathology laboratory from 04/26/2023 to the day of the survey. Findings include: 1. On the day of the survey, 03/26/2025 at 10:15 am, observation of the laboratory revealed the following thermometer used for room temperature and humidity monitoring in the histopathology laboratory was due for maintenance: - 1 of 1 VWR Traceable Thermometer (S/N 200657483) due 10/2022. 2. The laboratory failed to provide maintenance/functions checks records for the Fisher Brand Traceable thermometer/humidity monitor from 04/26/2023 to 03/26/2025. 3. The laboratory performed 2400 histopathology examinations in 2024 (CMS 116, estimated annual volume). 4. The OM confirmed the findings above on 04/26/2025 at 10:25 am. |