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| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>39D2081682           | <b>(X3) Date Survey Completed</b><br><br>12/05/2023 |
| <b>Name of Provider or Supplier</b><br><br>Upp Dept Derm - Brooktree Rd                                                    | <b>Street Address, City, State</b><br><br>9000 Brooktree Road Suite 200, Wexford, 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <b>D5449</b>              | <p>CONTROL PROCEDURES<br/>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:<br/>Based on review of the laboratory's quality control (QC) records and interview with the histotechnologist (HT), the laboratory failed to document a negative and positive control material each day of patient testing for mycology microscopic examinations performed from 02/24/2022 to 12/05/2023. Findings Include: 1. On the day of the survey, 12/05/2023 at 11:02 am, a review of the laboratory's KOH (Potassium Hydroxide) QC records revealed the laboratory did not document a negative and positive control material each day of patient testing for the following 6 of 16 KOH microscopic slide examinations performed in 2022: - 08/15/2022: Mycology (KOH wet mount) - 08/16/2022: Mycology (KOH wet mount) - 08/19/2022: Mycology (KOH wet mount) - 08/22/2022: Mycology (KOH wet mount) - 08/23/2022: Mycology (KOH wet mount) - 08/24/2022: Mycology (KOH wet mount) 2. The HT confirmed the findings above on 12/05/2023 at 11:46 am.</p> |