

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D2120730	<b>(X3) Date Survey Completed</b>  08/03/2022
<b>Name of Provider or Supplier</b>  Forefront Dermatology, Sc	<b>Street Address, City, State</b>  5750 Centre Ave, Suite 500, Pittsburgh, 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>D5449</b>	<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 lack of quality control (QC) records and interview with the Team Lead, the laboratory failed to include a negative and positive control material each day of patient testing for Potassium Hydroxide (KOH) and Wet Mount microscopic examinations from 08/03/2020 to the day of survey. Findings include: 1. On the day of survey, 08/03/2022 at 12:44 pm, the laboratory could not provide documentation of daily QC performed for mycology (KOH) and parasitology (Wet Mount) microscopic examinations from 08/03/2020 to 08/03/2022. 2. The laboratory performed 375 parasitology and mycology examinations in 2021. 3. The Team Lead confirmed the finding above on 08/03/2022 around 01:25 pm.</p>