

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2135677	(X3) Date Survey Completed 03/07/2024
Name of Provider or Supplier Advanced Dermatology Of Pennsylvania	Street Address, City, State 107 Gamma Drive, Ste 120, Pittsburgh, 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
D5449	<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 testing personnel (TP) #6, the laboratory failed to include a positive and negative control each day of patient testing for Potassium Hydroxide (KOH) and Scabies microscopic examinations performed from 06/07/2022 to the day of survey. Findings include: 1. The laboratory's Wet Prep Procedures for KOH and Scabies include having available for testing personnel a reference containing photographs for comparison with patient specimens and checking the Internal Control Picture Verification box on the KOH and Parasitology Log. 2. On the day of survey, 03/07/2024 at 10:16 am, the laboratory could not provide documentation of the positive and negative control performed every day of patient testing from 06/07/2022 to 03/07/2024. 3. The laboratory performed 66 KOH and 9 scabies microscopic examinations from 06/07/2022 to 03/07/2024. 4. TP #6 confirmed the findings above on 03/07/2024 at 11:28 am. *Repeat Deficiency</p>