

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2219292	(X3) Date Survey Completed 06/10/2025
Name of Provider or Supplier Rw Dermatology	Street Address, City, State 2325 Heritage Center Drive, Suite 119, Furlong, 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	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: 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 08/29/2023 to the day of the survey. Findings include: 1. On the day of the survey, 06/10/2025 at 09:30 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 200655031) due 10/23/2022. 2. The laboratory failed to provide maintenance/functions checks records for the Fisher Brand Traceable thermometer/humidity monitor from 08/29/2023 to 06/10/2025. 3. The laboratory performed 100 histopathology examinations in 2024 (CMS 116, estimated annual volume). 4. The OM confirmed the findings above on 06/10/2025 at 09:35 am.</p>