| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 39D2301108 | 06/02/2026 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Live Oak Dermatology Pc | 7176 West Ridge Road, Fairview, 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 |
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| **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 laboratory director (LD), 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 03/04/2025 to the day of the survey. Findings include: 1. On the day of the survey, 06/02/2026 at 12:45 pm, 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 230026691) due 01/10 /2025. 2. The laboratory failed to provide maintenance/functions checks records for the Fisher Brand Traceable thermometer/humidity monitor from 03/02/2025 to 06/02 /2026. 3. The laboratory performed 450 histopathology examinations in 2025 (CMS 116, estimated annual volume dated 06/02/2026). 4. The LD confirmed the findings above on 06/02/2026 at 12:50 pm. |
| **D5431** | MAINTENANCE AND FUNCTION CHECKS<br>CFR(s): 493.1254(a)(2)<br><br>(a)(2) Function checks as defined by the manufacturer and with at least the frequency specified by the manufacturer. Function checks must be within the manufacturers established limits before patient testing is conducted. (b) Equipment, instruments, or test systems developed in-house, commercially available and modified by the laboratory, or maintenance and function check protocols are not provided by the |

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| | manufacturer. The laboratory must do the following:<br><br>This STANDARD is not met as evidenced by:<br>Based on lack of maintenance records, and interview with the Laboratory Director (LD), the laboratory failed to etablish and maintain a maintenance and function protocol for 1 of 1 Olympus BX45 microscope used in the Histopathology laboratory from 03/04/2025 to the day of survey. Findings Include: 1. On the day of the survey, 06/02/2026 at 01:15 pm, the laboratory could not provide maintenance/function check records for 1 of 1 Olympus BX45 microscope used in the histopathology laboratory for 2026. 2. The laboratory performed 450 histopathology examinations in 2025 (CMS 116, estimated annual volume dated 06/02/2026). 3. The LD confirmed the findings above on 06/02/2026 at 1:30 pm. |