Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D0229697	02/08/2024
Name of Provider or Supplier	**Street Address, City, State**	
Pariser Dermatology Specialists Ltd	6160 Kempsville Circle - Suite 200a, Norfolk, VA	

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
D0000	An announced on-site CLIA recertification survey was conducted at Pariser Dermatology Specialists LTD (Norfolk) on February 7, 2024 by the Virginia Department of Health's Office of Licensure and Certification. The survey also included a follow up interview with the laboratory's main histopathology supervisor on 2/8/24. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Specific deficiency cited is as follows:
D3011	FACILITIES CFR(s): 493.1101(d) Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials. This STANDARD is not met as evidenced by: Based on a tour, review of procedures, Chemical Inventory List, lack of documentation, and interviews, the laboratory failed to establish a written/approved safety protocol for fume/exhaust hood maintenance to ensure adequate ventilation checks for eighty-five (85) hazardous chemical reagents utilized to process/prepare tissue histopathology samples during twenty-two (22) of 22 months of review (timeframe April 2022 to the date of the inspection on February 7, 2024). Findings include: 1. During a tour of the main histopathology laboratory on 2/7/24 at 3:00 PM the inspector noted more than fifty chemical reagents stored in the laboratory's chemical cabinets and on staining stations. The inspector requested to review the chemical reagent inventory list. A provided Chemical Inventory List outlined eighty-eight (88) chemicals. The inspector noted that 85 of the 88 were labeled by manufacturers as hazardous. (*See Chemical Inventory List.) 2. Review of the laboratory's procedures revealed no written/approved fume hood maintenance protocol. The inspector noted that the laboratory had a pre-purchased Dermopathology CLIA guide. The guide included a table of contents that listed fume

	hood maintenance. The pre-purchased fume hood template had not been updated and was left blank. The inspector inquired regarding the laboratory's protocol to verify safe levels of fume ventilation while utilizing the 85 hazardous chemicals. The supervisor provided a follow up statement on 2/8/24 at 4:00 PM, "We do not have a written policy but we will write a policy that specifies how the fume hood exhausts are being monitored to ensure we verify adequate fume ventilation." 3. Exit interviews with the practice manager, operations manager, pathology laboratory supervisor, and regional managers on 2/7/24 at 4:45 PM, and pathology laboratory supervisor on 2/8 /24 at 4:00 PM confirmed the above findings.