

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 12D0720185	(X3) Date Survey Completed 01/15/2021
Name of Provider or Supplier Dylan E Lee, Md Inc	Street Address, City, State 1380 Lusitana St Ste 401, Honolulu, HI	
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
D5417	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.</p> <p>This STANDARD is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Acu-KOH 20% w/DMSO reagent in use for KOH testing on 01/15/2021 had expired on 07/14/2019. 2. The Laboratory director and office assistants confirmed during interview, that the expired KOH reagent was in use for patient testing. 3. The laboratory performed 105 KOH tests between 7/15/2019 - 01/15/2021, using the expired reagent.