

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0524399	(X3) Date Survey Completed 01/23/2021
Name of Provider or Supplier West Valley Dermatology	Street Address, City, State 4133 Pioneer Parkway Suite 120, West Valley City, UT	
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on quality assessment records review, lack of documentation, and interview with the laboratory director, the laboratory failed to document they verified histopathology test accuracy at least twice annually for 1 of 2 years reviewed, 2020. The laboratory performed approximately 200 formalin fixed paraffin embedded biopsy diagnoses per year and 150 Mohs frozen section micrographic specimens per year. Findings include: 1. Twice annual test verification failed to include the dates the laboratory sent Mohs frozen section slide cases for review in 2020. Without the dates of verification, it could not be determined the laboratory performed test accuracy twice annually in 2020. 2. In an interview conducted on 01/23/2021 at approximately 9:50 A.M. the director confirmed the test accuracy failed to include the dates of review by a dermatopathology peer.</p>
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for</p>

acceptability.

This STANDARD is not met as evidenced by:

Based on patient test reports review, lack of documentation and interview with the director, the laboratory report failed to include the Mohs Case number to associate the report with the slides and the Mohs map. Biopsy report for patient A included the incorrect slide number for the diagnosis of Squamous cell carcinoma from the right chin. Findings include: 1. Patient test reports for Mohs case number 140 performed on 12/03/2019 and Mohs case number 102 performed on 09/22/2020 failed to include the Mohs case number in the test report. The Mohs case number is the identification on the patient's slides associated with the report diagnosis. 2. Patient test report for Patient A formalin fix paraffin embedded biopsy of the Right chin include the diagnosis was made from side number 133. The actual slide number for Patient A, Right chin was 138. 3. In an interview with the director on 01/23/2021 at approximately 9:00 A.M. the director confirmed the case number was not included in the Mohs surgical reports for the diagnosis the Basal Cell Carcinoma tumors were removed and margins were clear and the test report for the right chin biopsy was due to a clerical error between the slide numbers assigned by the slide preparation facility and the laboratory patient log.