

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0524399	(X3) Date Survey Completed 03/17/2025
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 record review and interview with the Histotechnician, the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination for TP1 (testing Personnel). The laboratory performs approximately 274 histopathology slide examinations annually. Findings include: 1. Record review revealed that the laboratory failed to verify the accuracy, at least twice annually, of their test system for histopathology slide examination for TP1 since the last survey which was performed on 8/15/2023. 2. In an interview on 3/17/2025 at approximately 11:42 am, the Histotechnician confirmed the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination.</p>