

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D0524596	<b>(X3) Date Survey Completed</b>  01/16/2019
<b>Name of Provider or Supplier</b>  Swinyer Woseth Dermatology	<b>Street Address, City, State</b>  1548 E 4500 S Suite 201/202, Salt Lake City, UT	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<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 procedure review, quality assessment records review and interview with staff, the laboratory failed to document they followed the quality assessment procedure to verify Mohs Frozen section test accuracy at least twice annually for one of two years reviewed, 2018. Findings include: 1. The laboratory quality assessment procedure included the number of Mohs cases each of the three physicians performing the procedure was expected to have evaluated annually. 2. Quality assessment records review failed to include documentation the laboratory verified Mohs frozen section accuracy in 2018 for each physician testing person for Mohs frozen section histopathology testing. 3. In an interview conducted on 01/16 /2019 at approximately 1:30 P.M. staff confirmed the laboratory failed to verify Mohs frozen section accuracy at least twice annually in 2018. The laboratory performed approximately 1,700 frozen section cases per year.</p>