

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0525211	(X3) Date Survey Completed 04/16/2026
Name of Provider or Supplier Lone Peak Dermatology	Street Address, City, State 11760 S 700 E Suite 210, Draper, 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
D5775	<p>COMPARISON OF TEST RESULTS CFR(s): 493.1281(a)(c)</p> <p>(a) If a laboratory performs the same test using different methodologies or instruments, or performs the same test at multiple testing sites, the laboratory must have a system that twice a year evaluates and defines the relationship between test results using the different methodologies, instruments, or testing sites.</p> <p>This STANDARD is not met as evidenced by: Based on quality assurance record review and interview with the Laboratory Director, the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology. Findings include: 1. Review of quality assurance records revealed the laboratory documented accuracy of their test system for histopathology testing once in the last 12 months. 2. Quality assurance record review revealed that the laboratory failed to verify the accuracy of their test system for histopathology testing at least twice annually, since the last survey was performed on 5/30/2024. 3. In an interview on 4/16/2026 at approximately 1:00 pm, the Laboratory Director confirmed the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination. 4. The laboratory performed approximately 312 histopathology slide examinations annually.</p>
D6102	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(12)</p> <p>(e)(12) Ensure that prior to testing patients specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results;</p>

This STANDARD is not met as evidenced by:
Based on an interview with the histotechnician and review of education records, the laboratory failed to employ qualified personnel to perform gross examinations for high complexity histopathology testing for one of four testing personnel since March 2026. Findings include: 1. Review of education records for testing personnel revealed educational requirements were not met for one of four TP (testing personnel) for high complexity grossing examinations in histopathology testing. 2. During an interview with the histotechnician on 4/16/2026 at approximately 11:50 a.m. it was confirmed TP2 did not meet the high complexity educational requirements for grossing histopathology specimens. 3. The laboratory performed approximately 312 histopathology tests annually.

D6168

TESTING PERSONNEL
CFR(s): 493.1487

The laboratory has a sufficient number of individuals who meet the qualification requirements of 493.1489 of this subpart to perform the functions specified in 493.1495 of this subpart for the volume and complexity of testing performed.

This CONDITION is not met as evidenced by:
Based on personnel record review and interview with the histotechnician, the laboratory failed to employ qualified testing personnel that meet the educational requirements for high complexity grossing examination in histopathology testing. (refer to D6102)