Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0525768	(X3) Date Survey Completed 02/19/2025
Name of Provider or Supplier Cedar Dermatology	**Street Address, City, State** 166 W 1325 N #250, Cedar 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
D5435	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(2) (b)(2)(i) Define a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(2)(ii) Perform and document the function checks, including background or baseline checks, specified in paragraph (b)(2)(i) of this section. Function checks must be within the laboratory's established limits before patient testing is conducted. This STANDARD is not met as evidenced by: Based on laboratory record review and interview with the laboratory manager, the laboratory failed to define and perform maintenance and function check protocols for 3 of 3 microscopes. The laboratory performed 3923 microscopic tests annually. Findings include: 1. Laboratory record review found that no maintenance was performed between 10/30/2023 and 1/17/2025 for 3 of 3 microscopes. 2. Record review failed to produce a maintenance protocol for laboratory microscopes. 3. Interview with the laboratory manager on 02/19/2025 at approximately 2:05 PM confirmed, that the laboratory failed to have a maintenance protocol and document maintenance activities for 3 of 3 microscopes. ___
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e)(2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. This STANDARD is not met as evidenced by:

	Based on review of stain quality control documentation, and interview with staff, the laboratory failed to document Hematoxylin and Eosin (H&E) quality controls. The laboratory performed approximately 3798 histopathology tests annually. Findings include: 1. The laboratory quality control records failed to include histopathology H&E quality control for 2023, 2024, and 2025. 2. The laboratory manager confirmed during an interview on 02/19/2025 at approximately 2:54 PM, that the laboratory failed to review and record H&E quality controls for each day of testing.