Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0685802	(X3) Date Survey Completed 02/28/2022
Name of Provider or Supplier Jordan Valley Dermatology Center	**Street Address, City, State** 10654 S River Heights Drive, Suite 210, South Jordan, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on Record review and interview with the office manager and TP2 (testing personnel), the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination for TP2. The laboratory performs approximately 3600 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 TP2 in the year 2020, and once in 2021. 2. In an interview on 2/28/2022 at approximately 5:15pm, the office manager and TP2 failed to produce evidence to verify the accuracy of their test system for TP2. 3. The lab failed to verify the accuracy of the lab's test system for TP2 for 0 of 2 instances in 2020 and 1 of 2 instances in 2021.
D5401	PROCEDURE MANUAL CFR(s): 493.1251(a) A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens. This STANDARD is not met as evidenced by: Based on record review and interview with the office manager, the laboratory failed to

	follow their procedure manual for performing Qualtiy Control (QC) on the Potassium Hydroxide (KOH) Reagent. The laboratory performs approximately 80 KOH tests annually. Findings include: 1. The approved KOH procedure states that Quality Control of the KOH reagent is to be completed monthly. 2. At the time of survey on 2 /28/2022 at approximately 1:51pm, the laboratory was unable to produce documentation of monthly completion of the KOH QC, as defined by the laboratory's policy. 3. The laboratory was unable to produce documentation for monthly KOH QC for 0 of 24 months requested.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on direct observation and interview with the office manager, the laboratory failed to ensure that reagents and other supplies must not be used when they have exceeded their expiration date. Findings include: 1. Direct observation conducted on 2 /28/2022 at approximately 4:06pm, found that the Potassium Hydroxied (KOH) reagent bottle stated "Discard after 12/14/21." 2. In an interview on 2/28/2022 at approximately 5:00pm, the office manager confirmed that the KOH reagent was in use beyond the expiration date. 3. The laboratory performs approximately 80 KOH tests annually.
D5805	TEST REPORT CFR(s): 493.1291(c) 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 acceptability. This STANDARD is not met as evidenced by: Based on record review and interview with the office manager, the laboratory failed to document the Potassium Hydroxide (KOH) test result for 1 of 2 patient records that were reviewed. The laboratory performs approximately 80 microscopic KOH tests annually. Findings include: 1. Record review revealed that the laboratory failed to include the microscopic KOH test result on 1 of 2 final patient reports. 2. In an interview on 2/28/2022 at approximately 3:54pm, the office manager confirmed that the laboratory failed to record the microscopic KOH test result on 1 of 2 final patient reports.