

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0685802	(X3) Date Survey Completed 09/18/2025
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	<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 Medical Manager, the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination for TP1 and TP2 (testing Personnel). The laboratory performs approximately 3,600 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 and TP2 since the last survey which was performed on 2/27/2024. 2. In an interview on 9/18/2025 at approximately 11:55 am, the Medical Manager confirmed the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination.</p>
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>(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.</p>

This STANDARD is not met as evidenced by:

Based on record review and interview with the Medical Manager, the laboratory failed to list the correct address of the laboratory's location on the test report. The laboratory performs approximately 3600 histopathology tests annually. Findings include: 1. Record review of the test report on 9/18/2025 at approximately 11:45 AM, revealed the incorrect address of 10654 South River Heights, Suite 210, South Jordan UT 84095 on the test report, rather than 630 Medical Drive, Bountiful UT, 84010 where slide examinations occur. 2. Interview with the Medical Manager on 9/18/2025 at approximately 11:45 AM, confirmed the test report listed the incorrect address of 10654 South River Heights, Suite 210, South Jordan UT 84095 on the test report, rather than 630 Medical Drive, Bountiful UT, 84010 where slide examinations occur.