

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D0696792	(X3) Date Survey Completed 02/09/2021
Name of Provider or Supplier Valley Women's Health	Street Address, City, State 295 S 1470 E Suite 200, St George, 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
D5417	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on direct observation, patient records review, and confirmation by staff, the laboratory failed to ensure potassium hydroxide (KOH) reagent was not used past the expiration date of 2020-05-31. The laboratory performed approximately 113 KOH preparations per year. Findings include: 1. Direct observation on 02/09/2021 at approximately 11:05 A.M. KOH reagent lot number B01A333M expired on 2020-05-31. 2. Patient test records review included documentation KOH reagent was used on 11/04/2020 for patient 137143. 3. In an interview conducted on 02/09/2021 at approximately 11:10 A.M. staff confirmed the reagent expired on 2020/05/31 and was used past the expiration date.</p>