

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D0989936	<b>(X3) Date Survey Completed</b>  05/02/2019
<b>Name of Provider or Supplier</b>  Copperview Medical Center	<b>Street Address, City, State</b>  3556 W 9800 S #101, S Jordan, UT	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D1001</b>	<p>CERTIFICATE OF WAIVER TESTS CFR(s): 493.15(e)</p> <p>Laboratories eligible for a certificate of waiver must-- (1) Follow manufacturers' instructions for performing the test; and (2) Meet the requirements in subpart B, Certificate of Waiver, of this part.</p> <p>This STANDARD is not met as evidenced by: Based on an on-site unannounced complaint survey conducted on 05/02/2019, the laboratory failed to follow the manufacturer's instructions to: run quality control when opening each new canister of urine test strips, and to clean the instrument daily; run quality control with each new bottle of test strips on the Quintet AC glucometer, and to clean the Afinion HbA1c analyzer every 30 days.</p>