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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>46D1034137           | <b>(X3) Date Survey Completed</b><br><br>07/10/2025 |
| <b>Name of Provider or Supplier</b><br><br>Dixie Dermatology   | <b>Street Address, City, State</b><br><br>169 W 2710 S Circle Ste 101, St George, 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>   |
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| <b>D5291</b>              | <p><b>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT</b><br/>CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by:<br/>_ Based on a review of laboratory records and an interview with testing personnel, the laboratory failed to establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and correct problems identified in the general laboratory systems. _ The findings include: 1. A review of laboratory records showed no documentation of quality assessment activities. 2. The laboratory lacked a system to monitor and assess the effectiveness of corrective actions or revise policies to prevent problems from recurring. 3. On July 10, 2025, at approximately 11:45, testing personnel #1 confirmed that the lab did not have procedures or documentation for quality assessment activities.</p> |