

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D1034363	(X3) Date Survey Completed 07/26/2023
Name of Provider or Supplier Brian J Williams Dermatology	Street Address, City, State 602 East Fort Union Boulevard 2nd Floor, Midvale, 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 office manager, the laboratory failed to verify the accuracy for potassium hydroxide (KOH) twice a year. The laboratory performs approximately 2 mycology tests annually. Finding include: 1. During laboratory record review on 7/26/2023 at 11:40 AM, the laboratory failed to produce records for accuracy verification since the last survey which was conducted on 1/08 /2021. 2. Interview with the office manager on 7/26/2023 at 11:42 AM, confirmed the laboratory failed to verify the accuracy of KOH two times per year.</p>