

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D1072979	<b>(X3) Date Survey Completed</b>  04/13/2018
<b>Name of Provider or Supplier</b>  Intermountain Bountiful Dermatology	<b>Street Address, City, State</b>  390 North Main, Bountiful, 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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on lack of documentation and confirmation by staff, the laboratory lacked an approved procedure manual for collecting, testing and reporting histopathology skin tissue specimens that included the signature and date of approval by the director. Findings include: 1. The laboratory procedure table of contents representing the online procedures failed to include the director's signature and date of approval. 2. In an interview on 04/13/2018 at approximately 12:05 P.M. the laboratory technical consultant confirmed the laboratory failed to have an approved procedure manual for histopathology tests performed.</p>