

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2019551	(X3) Date Survey Completed 01/14/2021
Name of Provider or Supplier Revere Health Dermatology	Street Address, City, State 220 North 1200 East Suite 203, Lehi, 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 histopathology accuracy records review, lack of documentation, and interview with the office manager, the laboratory failed to verify histopathology test accuracy at least twice annually for 2 of 2 years reviewed, (2019 and 2020). The laboratory performed approximately 7800 histopathology biopsy diagnostic tests per year. Findings include: 1. The laboratory failed to perform test accuracy verification twice annually in 2019 and 2020. 2. In an interview conducted on 01/14/2021 at approximately 4:00 P.M. Staff confirmed the laboratory failed to document they performed a second accuracy verification in 2019 and 2020.</p>