

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2071291	(X3) Date Survey Completed 02/01/2018
Name of Provider or Supplier Revere Health Lehi Oncology	Street Address, City, State 1020 S 1100 W Suite B, 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
D3031	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on environmental tracking records review, lack of temperature and humidity documentation and confirmation by staff, the laboratory failed to retain complete blood count quality control reagent storage records, testing ambient temperature and humidity records at least 2 years. Findings include: 1. Based on lack of documentation the laboratory failed to maintain records documenting quality control reagents were maintained between 2 and 8 Degrees Centigrade, the testing environment was maintained at less than 90% humidity (H) and between 20 to 28 degrees C as specified by the laboratory for testing performed in 2016. 2. In an interview conducted on 02/01/2018 at approximately 4:45 P.M. staff confirmed 2016 temperature and humidity documentation records could not be located for 2016 complete blood count testing.</p>