

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2097405	(X3) Date Survey Completed 04/09/2018
Name of Provider or Supplier Premier Dermatology	Street Address, City, State 1112 East 300 North, Suite 301, American Fork, 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
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(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 postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on patient test reports review, patient test records review, and interview with staff, the laboratory failed establish a method to monitor, assess, and when indicated, correct problems identified in the post analytic systems. Findings include: 1. Test report review for case number PFM 17M- 00120 included documentation the procedure included a second stage. 2. Patient test records review for case number PFM 17M- 00120 included a Mohs map and slides corresponding to one stage of specimen collection and examination. 3. In an interview conducted on 04/09/2018, staff confirmed the laboratory lacked an established method to document test report accuracy review.</p>