

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D2097405	<b>(X3) Date Survey Completed</b>  08/22/2024
<b>Name of Provider or Supplier</b>  Premier Dermatology	<b>Street Address, City, State</b>  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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<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 Laboratory Director, the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination for TP1 (testing Personnel). The laboratory performs approximately 250 histopathology slide examinations annually. Findings include: 1. Record review revealed that the laboratory failed to verify the accuracy, at least twice annually, of their test system for histopathology slide examination for TP1 in the year 2023. 2. In an interview on 8/24/2024 at approximately 11:33 am, the Laboratory Director confirmed the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination.</p>