

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D2107203	<b>(X3) Date Survey Completed</b>  12/19/2022
<b>Name of Provider or Supplier</b>  Intermountain Salt Lake Clinic Dermatology	<b>Street Address, City, State</b>  389 South 900 East, Salt Lake City, 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>D5481</b>	<p>CONTROL PROCEDURES CFR(s): 493.1256(f)(g)</p> <p>(f) Results of control materials must meet the laboratory's and, as applicable, the manufacturer's test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on a review of Potassium Hydroxide (KOH) Reagent Quality Control (QC) documentation and an interview with the Technical Consultant (TC), the laboratory failed to document KOH Reagent QC from 01/01/2021 - 09/21/2021. KOH testing was performed on 19 patients specimens from 01/01/2021 - 09/21/2021. Findngs include: 1. A reveiw of the KOH Reagent QC records at 11:15AM on 12/19/22 revealed that the laboratory failed to document KOH Reagent QC from 01/01/2021 - 09/21/2021. 2. In an interview with the TC at 11:25AM on 12/19/22, they confirmed that the laboratory failed to document KOH Reagent QC from 01/01/2021 - 09/21 /2021, due to a change in TC personnel.</p>