Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	46D2116123	02/01/2021
Name of Provider or Supplier	**Street Address, City, State**	
Dr Anderson - Foot And Ankle Specialists Of Ut	596 W 750 S, Suite 105, Bountiful, 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	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3) 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. This STANDARD is not met as evidenced by: Based on quality control records review, lack of documentation, and interview with staff, the laboratory failed to retain special stain quality control records for at least 2 years for 2 of 5 special stain cases reviewed from 02/04/2019 to 12/10/20 and failed to retain quality control slides for at least 2 years for 1 of 5 special stain cases reviewed. The laboratory performed approximately 1800 histopathology cases per year. Findings include: 1. Quality control records Fortanna Masson (FM),Grocotts Methenamin Silver (GMS), and Peroxidase Acid Schiff (PAS) special stains, review failed to include documentation for the results of the special stain interpretation for stain batches read on 02/04/2019 and 12/10/2020. 2. Special stain quality control slide review failed to include a special stain control slide for GP0050 for FM, GMS, and PAS special stains on 08/07/2019. 3. In an interview conducted on 02/01/2021 at approximately 11:00 A.M. staff confirmed they did not retain QC interpretation documentation for special stains performed on 02/04/2019 and 12/10/2020.
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by:

	Based on quality assurance records review, lack of documentation and interview with staff, the laboratory failed to verify histopathology test accuracy at least twice annually for 1 of 2 years of testing reviewed, (2019). The laboratory performed approximately 1800 histology tests per year. Findings include: 1. Quality assurance records failed to include a second test accuracy verification in 2019. 2. In an interivew with staff on 02/01/2021 at approximately 11:00 A.M. staff confirmed documentation verified the laboratory performed test accuracy verification once in 2019 (09/20 /2019).