Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2138257	(X3) Date Survey Completed 08/06/2019
Name of Provider or Supplier Revere Health Salem Dermatology	**Street Address, City, State** 555 West Sr-164 Winter Hallway, Salem, 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
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 patient test records review, lack of documentation, and confirmation by the laboratory manager, the laboratory failed to verify potassium hydroxide (KOH) test accuracy at least twice annually for 2 of 2 years reviewed (2018 and 2019). The laboratory performed approximately 7 KOH tests per year. Findings include 1. Patient test records review included documentation the laboratory performed KOH testing for patients 1166506 tested on 12/19/2017 and 111267 tested on 09/04/2018. 2. In an interview conducted on 08/06/2019, the laboratory manager confirmed the laboratory failed to verify KOH testing twice annually in 2018 and 2019.