

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2162622	(X3) Date Survey Completed 03/21/2022
Name of Provider or Supplier Revere Health Lehi Willow Creek Family Medicine	Street Address, City, State 2183 West Main Street #A107, Lehi, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on a review of Standard Operating Procedures (SOP) and interview with the Technical Supervisor, the laboratory failed to have the SOP titled, "POCT 2.00: Sysmex pocH-100i Automated Hematology Analyzer," signed and dated by the laboratory director before use. Finding include: 1. Review of the SOP manual at the time of survey on 03/21/22 at 11:06 am revealed that the laboratory director failed to sign and date the SOP titled "POCT 2.00: Sysmex pocH-100i Automated Hematology Analyzer." 2. In an interview with the Technical Supervisor on 03/21/22 at approximately 11:30 am, it was confirmed that the lab director had failed to sign and date the SOP before use. 3. The laboratory performs approximately 845 hematology tests annually.</p>