

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D2162903	<b>(X3) Date Survey Completed</b>  08/24/2021
<b>Name of Provider or Supplier</b>  Utah Podiatry Group	<b>Street Address, City, State</b>  24 S 1100 E, Suite 210, 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>D5435</b>	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(2)</p> <p>For equipment, instruments, or test systems developed in-house, commercially available and modified by the laboratory, or maintenance and function check protocols are not provided by the manufacturer, the laboratory must: (i) Define a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (ii) Perform and document the function checks, including background or baseline checks, specified in paragraph (b)(2)(i) of this section. Function checks must be within the laboratory's established limits before patient testing is conducted.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the technical supervisor, pipette calibration was not performed annually per protocol. Findings include: 1. Calibration stickers on Thermo Scientific 1-10 uL, 10-100 uL, and 100-1000 uL single channel pipettes indicated calibration was due on 7/23/21. 2. In an interview on 8/24/21 at approximately 10:30 am, the technical supervisor confirmed that pipettes were overdue for annual calibration.</p>