

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2193220	(X3) Date Survey Completed 02/23/2026
Name of Provider or Supplier Tooele Dermatology	Street Address, City, State 2321 N 400 E, #200, Tooele, 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	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with the Office Manager, the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination for TP1 and TP2 (Testing Personnel). The laboratory performs approximately 250 histopathology slide examinations annually. Findings include: 1. Record review revealed that the laboratory failed to verify the accuracy, at least twice annually, of their test system for histopathology slide examination for TP1 and TP2 since the last survey which was performed on 1/23 /2024. 2. In an interview on 2/23/2025 at approximately 11:30 am, the Office Manager confirmed the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination.</p>