

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2258265	(X3) Date Survey Completed 03/25/2025
Name of Provider or Supplier Utah Valley Dermatology, Saratoga Springs	Street Address, City, State 62 E Thrive Drive #220, Saratoga Springs, 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
D0000	A revisit survey was conducted on 05/09/2025 for all previous deficiencies cited on 03/25/2025. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.
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 manger, the laboratory failed to evaluate, at least twice annually, the accuracy of their test system for histopathology slide examination for TP1 (Testing Personnel), TP2, TP3, and TP4. The laboratory performs approximately 200 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 through TP4 since the last survey which was performed on 5/15/2023. 2. In an interview on 3/25/2025 at approximately 11:45 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>