

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2287855	(X3) Date Survey Completed 09/11/2024
Name of Provider or Supplier Provo Dermatology	Street Address, City, State 1355 N University Ave Suite 160, Provo, 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 lab manager, the laboratory failed to verify and document the accuracy for microscopic MOHS surgery procedures twice a year. The laboratory performed approximately 80 histopathology tests annually. Finding include: 1. A record review the laboratory records failed to produce records that the laboratory verified the accuracy of microscopic MOHS surgery procedures at least twice a year. 2. Interview with the lab manager on 09/11/2024, at 2:00 PM confirmed the laboratory failed to verify and document the accuracy of microscopic MOHS surgery procedures two times per year.</p>