

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2296329	(X3) Date Survey Completed 04/10/2025
Name of Provider or Supplier Sage Dermatology And Mohs Surgery	Street Address, City, State 11760 S 700 E Suite 112, Draper, 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
D5293	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: . Based on laboratory review of the Quality Assurance procedure, lack of documentation, and interview with staff, the laboratory failed to follow and document Quality Assurance procedure and document quality assessment activities, since the laboratory began patient testing with an effective date of 12/27/2023. The laboratory performed approximately 550 histopathology tests per year. . Findings include: 1. Review of the Quality Assurance procedure found that it stated "Monthly the nurse or tech will check off the Monthly Quality Assurance Checklist." 2. Review of laboratory documentation failed to produce any completed Monthly Quality Assurance Checklists to document quality assessment activities. 3. In an interview conducted on 04/10/2025 at approximately 3:24 PM the laboratory director confirmed the lab did not complete Monthly Quality Assurance Checklists to document quality assessment activities since the laboratory began patient testing. .</p>
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p>

This STANDARD is not met as evidenced by:

. Based on laboratory document review, lack of documentation, and interview with staff, the laboratory failed to follow and document maintenance activities since the laboratory began patient testing with an effective date of 12/27/2023. The laboratory performed approximately 550 histopathology tests per year. . Findings include: 1. MES1000+ Cryostat User Manual on page 39 listed daily finishing work cleaning and maintenance procedures. 2. Review of the laboratory manual's microscope maintenance procedure revealed a list of maintenance activities to be performed by the laboratory. 3. Laboratory record review failed to produce documentation that maintenance activities occurred. 4. In an interview conducted on 04/10/2025 at approximately 3:30 PM the histotechnician confirmed the lab did not perform or document all maintenance defined by the manufacturer and listed in the laboratory procedure manual since the laboratory began patient testing. .