Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D0521878	07/16/2026
Name of Provider or Supplier	**Street Address, City, State**	
Digestive Health Clinic Llc	6259 W Emerald St, Boise, ID	

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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on a review of the laboratory's peer review documentation and an interview with the laboratory director, the laboratory failed to verify the accuracy of histopathology microscopic examinations twice annually in 2025. The findings include: 1. A review of the laboratory's peer review documentation for 2024, 2025 and 2026 identified that the laboratory failed to perform two of two verifications the accuracy of histopathology microscopic examinations in 2025. 2. An interview with the laboratory director on 7/16/2026 at 12:38 pm confirmed there was no peer review documentation for 2025. 3. The laboratory reports performing 38,000 histopathology microscopic examinations annually.