

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0688492	(X3) Date Survey Completed 07/09/2019
Name of Provider or Supplier Snake River Dermatology	Street Address, City, State 2101 N Whitley Dr, Fruitland, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on a review of personnel documents, the procedure manual, and an interview with the laboratory technician, the laboratory failed to establish and follow written policies and procedures to evaluate the competency for 1 out of 1 testing personnel performing microscopic fungal examinations with potassium hydroxide (KOH) since the last survey on November 20, 2017. Findings: 1. A review of personnel documents revealed 1 out of 1 testing personnel failed to have competency assessment performed for testing fungal examinations using KOH since April 2018. 2. A review of the laboratory procedure manual revealed the laboratory failed to establish in writing a policy or procedure to assess the competency of testing personnel. 3. The laboratory performed approximately 70 KOH examinations in 2018. 4. An interview with the laboratory technician on July 9, 2019, at 9:15 AM, confirmed the laboratory failed to establish and follow written policies and procedures to assess the competency of testing personnel.</p>
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:</p>

Based on a record review and an interview with the laboratory technician, the laboratory failed to verify the accuracy of microscopic dermatopathology examinations at least twice a year since the last survey on November 20, 2017. Findings: 1. A review of laboratory documents revealed the laboratory failed to verify the accuracy of microscopic dermatopathology examinations at least twice a year. 2. The laboratory performed approximately 2600 dermatopathology examinations in 2018. 3. An interview with the laboratory technician on July 9, 2019, at 10:35 AM, confirmed the laboratory failed to document the accuracy of biopsy examinations at least twice a year.