

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0869535	(X3) Date Survey Completed 02/22/2021
Name of Provider or Supplier Southeast Idaho Family Practice	Street Address, City, State 2775 Channing Way, Idaho Falls, 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
D2003	<p>ENROLLMENT CFR(s): 493.801(a)(2)(ii)</p> <p>For those tests performed by the laboratory that are not included in subpart I of this part, a laboratory must establish and maintain the accuracy of its testing procedures, in accordance with 493.1236(c)(1)</p> <p>This STANDARD is not met as evidenced by: Based on a review of proficiency testing (PT) records from American Academy of Family Physicians (AAFP) and an interview with the laboratory lead on February 22, 2021, the laboratory failed to establish and maintain the accuracy for potassium hydroxide (KOH) testing at least twice annually. The findings include: 1. A review of PT records from AAFP identified that the laboratory failed to verify the accuracy of KOH testing biannually for 2020. 2. An interview with the laboratory lead on 2/22/21 at 1:30 pm confirmed that the laboratory failed to biannually verify the accuracy of KOH testing for 2020. 3. The laboratory reports performing 130 KOH test annually.</p>
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 training documentation and competency assessments, the Centers for Medicare and Medicaid Services (CMS) 209 personnel form and an interview on 2/22/2021 with the laboratory lead, the laboratory failed to establish and follow written policies and procedures to assess testing personnel in accordance with</p>

42 C.F.R. 493.1413(b)(8). The findings include: 1. A review of training and competency records identified that two (2) of nine (9) testing personnel listed on the CMS 209 had start days after the previous survey (6/28/2018) and the laboratory failed to have documentation of initial training. 2. A review of training and competency records identified that one (1) of nine (9) testing personnel listed on the CMS 209 failed to have documentation of six (6) month competency which included the six parameters as listed in 42 C.F.R. 493.1413(b)(8). 3. A review of training and competency records identified seven (7) of nine (10) testing personnel listed on the CMS 209 failed to have documentation of annual competency which included the six parameters as listed in 42 C.F.R. 493.1413(b)(8) for 2019 and 2020. 4. An interview with the with the laboratory lead on 2/22/2021 at 1:00 pm confirmed that the laboratory failed to document initial training, six (6) month competencies and annual competencies for 2019 and 2020. 5. The laboratory reports performing 25,916 tests annually.