

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0927132	(X3) Date Survey Completed 07/15/2019
Name of Provider or Supplier High Valley Dermatology	Street Address, City, State 2085 Providence 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
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 record review of personnel competency assessments and an interview with the laboratory director, the laboratory failed to establish and follow procedures to assess the competency of 2 out of 2 testing personnel performing microscopic fungal examinations using potassium hydroxide (KOH) since the last survey on December 7, 2017. Findings: 1. A review of personnel documents and laboratory procedures and policies, revealed the laboratory failed to establish a policy to assess and document the competency of 2 out of 2 providers performing microscopic KOH exams since the last survey. 2. The laboratory performed approximately 90 KOH examinations in 2018. 3. An interview with the laboratory director on July 15, 2019, at 11:45 AM, confirmed the laboratory failed to establish in writing and document competency assessments for the testing personnel performing KOH examinations.</p>
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p> <p>This STANDARD is not met as evidenced by: Based on a record review and an interview with the laboratory director, the laboratory</p>

director failed to ensure the laboratory established a policy or procedure for quality assessment activities in the laboratory in order to identify errors and correct problems since the last survey on December 7, 2017. Findings: 1. A review of the laboratory procedure manual revealed the laboratory failed to establish a quality assessment policy or procedure to identify and correct problems in laboratory testing. 2. An interview with the laboratory director on July 15, 2019, at 11:55 AM, confirmed the laboratory failed to establish in writing a policy or procedure for the quality assessment activities for the laboratory.